DOCUMENT RESUME

ED 451 677 EC 308 438

TITLE	Part C Updates: Third in a Series of Updates on Selected Aspects of the Early Intervention Program for Infants and Toddlers with Disabilities, Part C of the Individuals with Disabilities Education Act (IDEA).
INSTITUTION	National Early Childhood Technical Assistance System, Chapel Hill, NC.
SPONS AGENCY	Special Education Programs (ED/OSERS), Washington, DC.
PUB DATE	1998-12-00
NOTE	148p.
CONTRACT	H024-A-60001-96.
AVAILABLE FROM	National Early Childhood Technical Assistance System (NECTAS), 137 E. Franklin Street, Suite 500, Chapel Hill, NC 27514-3628. Tel: 919-962-8426; Tel: 877-574-3194 (TDD); Fax: 919-966-7463; e-mail: nectas@unc.edu; Web site: http://www.nectas.unc.edu.
PUB TYPE	Guides - Non-Classroom (055) -- Reference Materials - Directories/Catalogs (132)
EDRS PRICE	MF01/PC06 Plus Postage.
DESCRIPTORS	Agency Cooperation; Coordinators; *Disabilities; *Early Intervention; *Educational Legislation; Family Involvement; *Federal Legislation; Infants; Integrated Services; National Organizations; Preschool Education; Program Administration; Program Implementation; Public Agencies; Public Policy; Statistical Data; Toddlers
IDENTIFIERS	Amendments; *Individuals with Disabilities Educ Act Amend 1997; *Individuals with Disabilities Education Act Part C

ABSTRACT

This document consists of a compilation of information on various aspects of the Early Intervention Program for Infants and Toddlers with Disabilities (Part C) of the Individuals with Disabilities Education Act 1997 (IDEA). It collects a variety of resources that meet the information needs of state and jurisdictional Part C program staff, the Office of Special Education Programs of the U.S. Department of Education, and policymakers at all levels. The document contains information about Part C program administration as well as Part C program implementation. The appendices include information on (1) Part C of the IDEA amendments of 1997; (2) federal regulations for Part C of IDEA; and (3) state and jurisdictional eligibility definitions under IDEA. Statistical data and lists of Part C project officers, lead agencies, and state/jurisdictional coordinators are included. (SG)

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 451 677

PART C Updates

Third in a Series of Updates on Selected Aspects of the Early Intervention Program for Infants and Toddlers with Disabilities, Part C of The Individuals with Disabilities Education Act (IDEA)

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

Compiled by

NECTAS
National Early Childhood
Technical Assistance System

and

Office of Special Education
Programs (OSEP)
of the
U.S. Department of Education

EC 308438

BEST COPY AVAILABLE

PART C Updates

Third in a Series of Updates on Selected
Aspects of the Early Intervention Program
for Infants and Toddlers with Disabilities,
Part C of The Individuals with
Disabilities Education Act (IDEA)

Compiled by the
National Early Childhood
Technical Assistance System (NECTAS)
and the
Office of Special Education Programs (OSEP)
of the U.S. Department of Education

December 1998

Published by
National Early Childhood Technical Assistance System
Chapel Hill, North Carolina

The National Early Childhood Technical Assistance System (NECTAS)

is a collaborative system, coordinated by the
Frank Porter Graham Child Development Center
of the
University of North Carolina at Chapel Hill

with

Center on Disability Studies, University of Hawai'i at Manoa
Federation for Children with Special Needs
Georgetown University Child Development Center
National Association of State Directors of Special Education (NASDSE)
ZERO TO THREE: National Center for Infants, Toddlers and Families

For more information about NECTAS, please contact the Coordinating Office at:

500 NationsBank Plaza
137 East Franklin Street
Chapel Hill, NC 27514-3628
(919) 962-2001 (voice)
962-8300 (TDD)
Fax: (919) 966-7463
E-mail: nectas@unc.edu
URL: http://www.nectas.unc.edu/

December 1998

Additional copies of this document are available at cost from NECTAS. A complete list of NECTAS resources is available at our Web site or upon request.

This resource is produced and distributed by the National Early Childhood Technical Assistance System (NECTAS), pursuant to cooperative agreement H024A60001-96 from the Office of Special Education Programs, U.S. Department of Education. Contractors undertaking projects under government sponsorship are encouraged to express their judgment in professional and technical matters. Opinions expressed do not necessarily represent the Department of Education's position or policy.

Principal Investigator: Pascal Trohanis
Project Officer at OSEP: Peggy Cvach
Editors: Joan Danaher and Nancy Guadagno

Contents

Introduction v

Table of State Abbreviations vi

Part I: Part C Program Administration

Minimum Components Under IDEA of a Statewide Comprehensive System of Early Intervention Services to Infants and Toddlers With Special Needs 1

Annual Part C Appropriations and Children Served 3

Part C Allocations to State and Jurisdictional Lead Agencies 5

Part C Funding Cycles 7

U.S. Department of Education Organization Chart 9

OSEP Part C Project Officers 11

State and Jurisdictional Part C Lead Agencies 13

Coordinators of State and Jurisdictional Part C Programs 15

Chairs of State Interagency Coordinating Councils 23

Central Directory Providers in the States and Jurisdictions 29

Section II: Part C Program Implementation

Service Coordination Caseloads in State Early Intervention Systems (NECTAS Notes No. 8) 35

Mediation in Early Intervention 41

Enhancing Family Roles in Early Intervention Programs (*Early Childhood Bulletin*, November 1997) 43

Use of Assistive Technology Increases Among Infants and Toddlers (*The TAP Bulletin*, October 1998) 47

State Offices for Technology-Related Assistance for Individuals with Disabilities (from the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA)) 53

Appendix A: Federal Statute

Part C of Public Law 105–17, the Individuals with Disabilities Education Act Amendments of 1997 .... A–1

continued

Appendix B: Federal Regulations for Part C of IDEA

34 CFR Part 303, Early Intervention Program for Infants and Toddlers With Disabilities B–1

Amendments to 34 CFR Part 303 of April 1998 .... B–33

Proposed Revisions to 34 CFR Part 303 (October 1997) B–43

Appendix C: State and Jurisdictional Eligibility Definitions Under IDEA

State and Jurisdicitonal Eligibility Definitions for Infants and Toddlers With Disabilities Under IDEA (NECTAS Notes No. 5) C–1

Introduction

Part C Updates is a compilation of information on various aspects of the Early Intervention Program for Infants and Toddlers with Disabilities (Part C) of The Individuals with Disabilities Education Act (IDEA). It is the third volume in a series of compilations, following the second edition of *Part H Updates*. Several items have been reprinted in their entirety from the original sources. The intent of *Part C Updates* is to collect, in a convenient format, a variety of resources that meet the information needs of state and jurisdictional Part C program staff, the Office of Special Education Programs of the U.S. Department of Education, and policy makers at all levels.

The changes affected by the IDEA Amendments of 1997 — including a change from Part H to Part C of the section of IDEA that contains provisions for the early intervention program for infants and toddlers with disabilities — are reflected in the 1998 edition of *Part C Updates*.

We welcome your feedback on the usefulness of the *Part C Updates*. States and jurisdictions are particularly invited to provide updated information to the editors or to the authors of individual documents.

Joan Danaher
Nancy Guadagno

Key to State and Jurisdictional Abbreviations

(listed alphabetically by abbreviation)

Abbreviation	State/ Jurisdiction	Abbreviation	State/ Jurisdiction
AL	Alabama	MS	Mississippi
AK	Alaska	MT	Montana
AR	Arkansas	NC	North Carolina
AS	American Samoa	ND	North Dakota
AZ	Arizona	NE	Nebraska
CA	California	NV	Nevada
CO	Colorado	NH	New Hampshire
CT	Connecticut	NJ	New Jersey
DC	District of Columbia	NM	New Mexico
DE	Delaware	NY	New York
DOI	Department of the Interior (U.S.)	OH	Ohio
FL	Florida	OK	Oklahoma
GA	Georgia	OR	Oregon
GU	Guam	PA	Pennsylvania
HI	Hawai'i	PR	Puerto Rico
IA	Iowa	PW	Palau
ID	Idaho	RI	Rhode Island
IL	Illinois	SC	South Carolina
IN	Indiana	SD	South Dakota
KS	Kansas	TN	Tennessee
KY	Kentucky	TX	Texas
LA	Louisiana	UT	Utah
MA	Massachusetts	VA	Virginia
MD	Maryland	VI	Virgin Islands
ME	Maine	VT	Vermont
MI	Michigan	WA	Washington
MN	Minnesota	WI	Wisconsin
MO	Missouri	WV	West Virginia
MP	Northern Mariana Islands	WY	Wyoming

PART C Updates

SECTION I:
Part C Program Administration

Minimum Components Under IDEA of a Statewide, Comprehensive System of Early Intervention Services to Infants and Toddlers With Special Needs

(Including American Indian Infants and Toddlers)

1. Definition of developmental delay
2. Timetable for ensuring appropriate services to all eligible children
3. Timely and comprehensive multidisciplinary evaluation of needs of children and family-directed identification of the needs of each family
4. Individualized family service plan and service coordination
5. Comprehensive child find and referral system
6. Public awareness program
7. Central directory of services, resources, and research and demonstration projects
8. Comprehensive system of personnel development
9. Policies and procedures for personnel standards
10. Single line of authority in a lead agency designated or established by the governor for carrying out:
    a. general administration and supervision
    b. identification and coordination of all available resources
    c. assignment of financial responsibility to the appropriate agencies
    d. development of procedures to ensure that services are provided in a timely manner pending resolution of any disputes
    e. resolution of intra- and interagency disputes
    f. development of formal interagency agreements
11. Policy pertaining to contracting or otherwise arranging for services
12. Procedure for securing timely reimbursement of funds
13. Procedural safeguards
14. System for compiling data on the early intervention system
15. State interagency coordinating council
16. Policies and procedures to ensure that to the maximum extent appropriate, early intervention services are provided in natural environments

Note: Adapted from 20 U.S.C. §1435(a).

Annual Appropriations and Number of Children Served Under Part C of IDEA

Federal Fiscal Years 1987 – 1999

FFY	Appropriations (million $)	Children [1] Served
1987	50	
1988	67	
1989	69	
1990	79	
1991	117	194,363 (1.77%)
1992	175	166,634[2] (1.41%)
1993	213	143,392[2] (1.18%)
1994	253	154,065 (1.30%)
1995	316[3]	165,253 (1.41%)
1996	316	177,634 (1.49%)
1997	316	186,859 (1.64%)
1998	350	197,376 (1.70%)
1999	370	data not available

---

[1] Number and percentage of infants and toddlers receiving early intervention services under Part C, Chapter 1 (for FY 1987 through FY 1994 only), and other programs as of December 1 of the Federal fiscal year. For example, for fiscal year 1991, 194,000 children were reported to be receiving services as of December 1, 1990.

[2] A combination of factors appears to account for the apparent decline in these child counts:

- early inaccuracies, including duplicated counts in state data collection systems;
- inclusion in earlier years of children who only received some services and who did not necessarily have IFSPs; and
- in the count for 1993, the decline in the reported number of children served in several large states masked the reports from 39 other jurisdictions of increases in the number of children served.

[3] Includes $34 million to offset the elimination of funding for the Chapter 1 Handicapped Program.

Part C Allocation to State and Jurisdictional Lead Agencies
Federal Fiscal Years 1994 Through 1998

State	FFY94	FFY95	FFY96	FFY97	FFY98
AL	$ 3,887,000	$ 4,367,917	$ 4,483,470	$ 4,451,153	$ 5,026,654
AK	1,524,000	1,524,910	1,545,710	1,545,710	1,713,659
AS	475,000	514,726	514,925	514,925	570,537
AZ	4,242,000	5,040,920	5,306,409	5,281,199	5,964,019
AR	2,429,000	2,511,863	2,549,297	2,643,862	2,985,693
CA	35,326,000	40,347,086	41,438,233	40,850,169	46,131,788
CO	3,568,000	3,893,981	3,972,753	4,069,358	4,595,495
CT	3,957,000	4,095,944	3,378,163	3,378,163	3,775,344
DE	1,255,000	1,374,985	1,545,710	1,545,710	1,713,659
DOI	3,094,000	3,862,461	3,864,276	3,864,276	4,284,149
DC	1,383,000	1,383,883	1,545,710	1,545,710	1,713,659
FL	14,914,000	15,212,617	14,722,619	14,722,619	16,118,402
GA	6,564,000	7,438,660	8,228,009	8,342,876	9,421,547
GU	1,052,000	1,139,887	1,140,327	1,140,327	1,263,482
HI	1,557,000	1,590,820	1,569,551	1,569,551	1,713,659
ID	1,479,000	1,479,484	1,545,710	1,545,710	1,713,659
IL	13,193,000	13,736,885	13,785,909	13,792,826	15,576,135
IN	5,876,000	6,442,058	6,065,530	6,177,116	6,975,771
IA	2,582,000	2,809,586	2,712,211	2,728,821	3,081,637
KS	2,505,000	2,802,012	2,716,195	2,734,507	3,088,058
KY	3,478,000	3,928,148	3,876,538	3,889,895	4,392,829
LA	4,788,000	5,275,752	5,023,051	4,898,566	5,531,914
ME	1,237,000	1,374,985	1,545,710	1,545,710	1,713,659
MD	6,088,000	6,239,596	6,148,806	6,148,806	6,054,659
MA	8,492,000	8,492,708	8,621,533	8,621,533	7,826,512
MI	9,621,000	10,176,247	10,017,913	9,990,962	11,282,718
MN	4,836,000	5,094,610	4,873,116	4,873,116	5,345,043
MS	2,545,000	2,836,013	3,120,649	3,065,154	3,461,456
MO	5,167,000	5,724,039	5,422,619	5,465,155	6,171,758
MT	1,395,000	1,395,819	1,545,710	1,545,710	1,713,659
NE	1,612,000	1,758,114	1,689,626	1,719,997	1,942,380

continued

Part C Allocation to Lead Agencies — FFY94 Through FFY98, *continued*

State	FFY94	FFY95	FFY96	FFY97	FFY98
NV	$ 1,535,000	$ 1,759,009	$ 1,783,636	$ 1,903,065	$ 2,149,117
NH	1,522,000	1,522,232	1,545,710	1,545,710	1,713,659
NJ	8,119,000	8,552,266	8,497,315	8,527,086	9,629,574
NM	1,675,000	1,890,168	2,045,597	2,022,495	2,283,988
NY	19,445,000	21,361,708	20,119,188	19,656,530	22,197,971
NC	6,318,000	6,809,052	7,582,020	7,655,537	8,645,341
ND	1,299,000	1,374,985	1,545,710	1,545,710	1,713,659
MP	316,000	342,601	342,733	342,733	379,748
OH	9,708,000	10,460,369	11,402,583	11,364,015	12,833,297
OK	3,274,000	3,722,478	3,381,056	3,394,025	3,832,847
OR	3,034,000	3,142,903	3,086,097	3,203,673	3,617,884
PW	96,000	104,018	78,014	52,039	26,004
PA	12,590,000	12,590,173	12,702,122	12,702,122	12,737,869
PR	3,630,000	4,107,217	4,549,818	4,609,319	5,205,269
RI	1,564,000	1,564,797	1,568,805	1,568,805	1,713,659
SC	3,739,000	4,103,199	3,852,059	3,760,591	4,246,807
SD	1,328,000	1,374,985	1,545,710	1,545,710	1,713,659
TN	4,997,000	5,624,612	5,414,050	5,473,582	6,181,275
TX	21,774,000	5,624,612	23,718,333	24,061,384	27,172,340
UT	2,510,000	2,826,559	2,768,788	2,904,730	3,280,289
VT	1,362,000	1,374,985	1,545,710	1,545,710	1,713,659
VI	619,000	671,387	671,647	671,647	744,185
VA	6,635,000	7,329,204	6,930,714	6,814,652	7,695,736
WA	5,562,000	5,946,345	5,664,434	5,775,775	6,522,539
WV	1,783,000	1,878,151	1,798,698	1,798,698	1,799,482
WI	5,502,000	5,649,829	5,553,755	5,553,755	5,672,891
WY	1,423,000	1,423,267	1,545,710	1,545,710	1,713,659
TOTAL ALLOCATION	$291,481,000	$315,632,000	$315,754,000	$315,754,000	$350,000,000

Part C Funding Cycles

	Part C Funds First Available to States	Deadline for Submission of Application to OSEP	Deadline for Federal Obligation of Funds	Deadline for State Obligation of Funds
FFY1987[1]	7/01/87	6/30/88	9/30/88	9/30/89
FFY1988	7/01/88	6/30/89	9/30/89	9/30/90
FFY1989	7/01/89	6/30/90	9/30/90	9/30/91
FFY1990	7/01/90	6/30/91	9/30/91	9/30/92
FFY1991	7/01/91	6/30/92	9/30/92	9/30/93
FFY1992	7/01/92	6/30/93	9/30/93	9/30/94
FFY1993	7/01/93	*EP to FI:* 5/02/94[2] *FI 1-3 yr:* 1/31/94[3]	9/30/94	9/30/95
FFY1994	7/01/94	1/31/95	9/30/95	9/30/96
FFY1995	7/01/95	5/31/95	9/30/96	9/30/97
FFY1996	7/01/96	8/01/96	9/30/97	9/30/98
FFY1997	7/01/97	6/15/97	9/30/98	9/30/99
FFY1998	7/01/98	5/1/98	9/30/99	9/30/00
FFY1999	7/01/99	not yet determined	9/30/00	9/30/01

Notes:

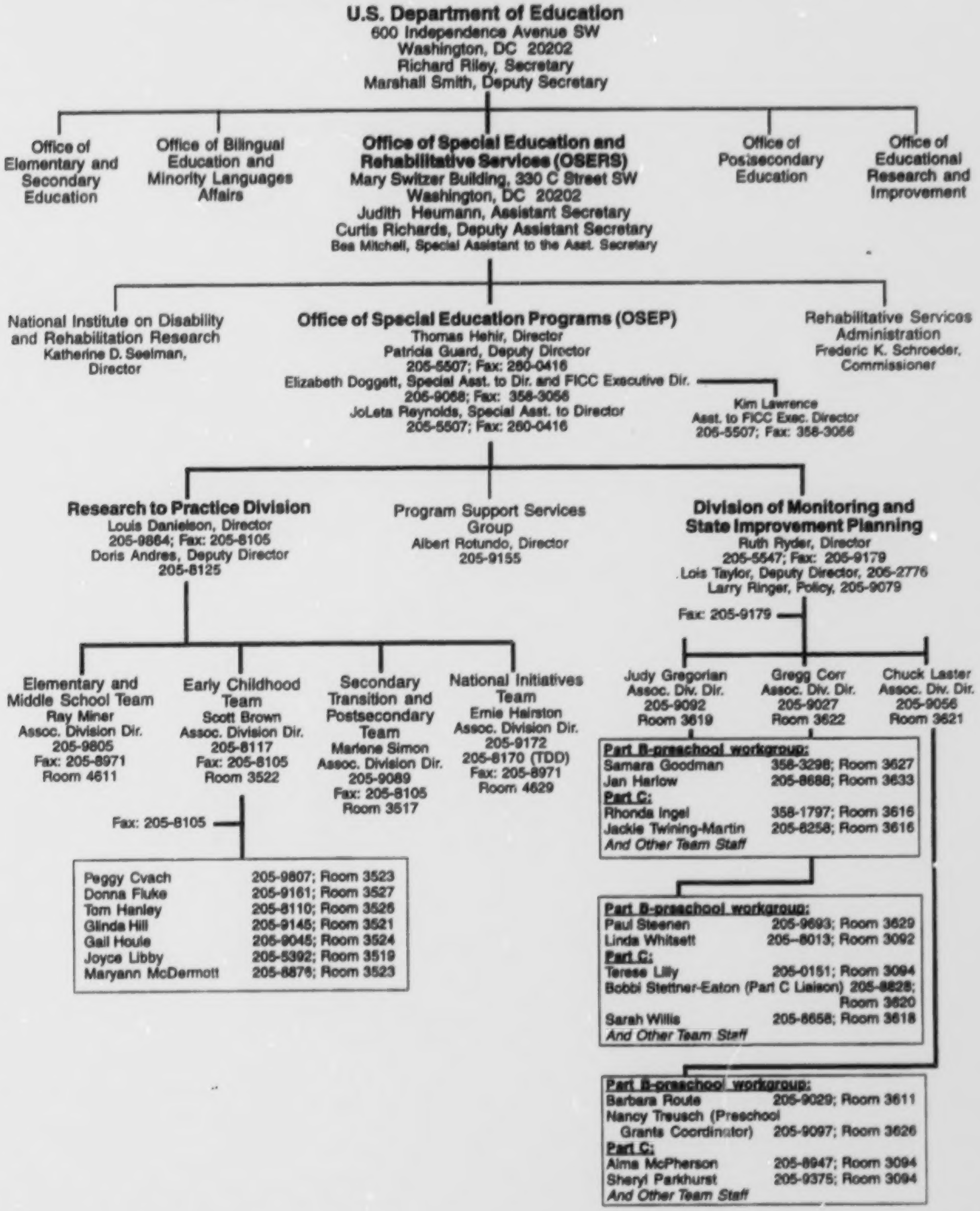
[1] FFY = Federal Fiscal Year

[2] From Extended Participation (EP) to Full Implementation (FI)

[3] For states in Full Implementation, 1- to 3-year application

U.S. Department of Education Organization Chart

(Abbreviated; as of September 1998; All phone and fax numbers are in area code 202)



U.S. Department of Education
600 Independence Avenue SW
Washington, DC 20202
Richard Riley, Secretary
Marshall Smith, Deputy Secretary

Office of Elementary and Secondary Education

Office of Bilingual Education and Minority Languages Affairs

Office of Special Education and Rehabilitative Services (OSERS)
Mary Switzer Building, 330 C Street SW
Washington, DC 20202
Judith Heumann, Assistant Secretary
Curtis Richards, Deputy Assistant Secretary
Bea Mitchell, Special Assistant to the Asst. Secretary

Office of Postsecondary Education

Office of Educational Research and Improvement

National Institute on Disability and Rehabilitation Research
Katherine D. Seelman,
Director

Office of Special Education Programs (OSEP)
Thomas Hehir, Director
Patricia Guard, Deputy Director
205-5507; Fax: 260-0416
Elizabeth Doggett, Special Asst. to Dir. and FICC Executive Dir.
205-9068; Fax: 358-3056
JoLeta Reynolds, Special Asst. to Director
205-5507; Fax: 260-0416

Kim Lawrence
Asst. to FICC Exec. Director
205-5507; Fax: 358-3056

Rehabilitative Services Administration
Frederic K. Schroeder,
Commissioner

Research to Practice Division
Louis Danielson, Director
205-9864; Fax: 205-8105
Doris Andres, Deputy Director
205-8125

Program Support Services Group
Albert Rotundo, Director
205-9155

Division of Monitoring and State Improvement Planning
Ruth Ryder, Director
205-5547; Fax: 205-9179
Lois Taylor, Deputy Director, 205-2776
Larry Ringer, Policy, 205-9079

Elementary and Middle School Team
Ray Miner
Assoc. Division Dir.
205-9805
Fax: 205-8971
Room 4611

Early Childhood Team
Scott Brown
Assoc. Division Dir.
205-8117
Fax: 205-8105
Room 3522

Fax: 205-8105

Peggy Cvach	205-9807; Room 3523
Donna Fluke	205-9161; Room 3527
Tom Hanley	205-8110; Room 3526
Glinda Hill	205-9145; Room 3521
Gail Houle	205-9045; Room 3524
Joyce Libby	205-5392; Room 3519
Maryann McDermott	205-8876; Room 3523

Secondary Transition and Postsecondary Team
Marlene Simon
Assoc. Division Dir.
205-9089
Fax: 205-8105
Room 3517

National Initiatives Team
Ernie Hairston
Assoc. Division Dir.
205-9172
205-8170 (TDD)
Fax: 205-8971
Room 4629

Fax: 205-9179

Judy Gregorian
Assoc. Div. Dir.
205-9092
Room 3619

Gregg Corr
Assoc. Div. Dir.
205-9027
Room 3622

Chuck Laster
Assoc. Div. Dir.
205-9056
Room 3621

Part B-preschool workgroup:	
Samara Goodman	358-3298; Room 3627
Jan Harlow	205-8688; Room 3633
Part C:	
Rhonda Ingel	358-1797; Room 3616
Jackie Twining-Martin	205-8258; Room 3616
And Other Team Staff	

Part B-preschool workgroup:	
Paul Steenen	205-9693; Room 3629
Linda Whitsett	205--8013; Room 3092
Part C:	
Terese Lilly	205-0151; Room 3094
Bobbi Stettner-Eaton (Part C Liaison)	205-8828; Room 3620
Sarah Willis	205-8658; Room 3618
And Other Team Staff	

Part B-preschool workgroup:	
Barbara Route	205-9029; Room 3611
Nancy Treusch (Preschool Grants Coordinator)	205-9097; Room 3626
Part C:	
Alma McPherson	205-8947; Room 3094
Sheryl Parkhurst	205-9375; Room 3094
And Other Team Staff	

OSEP Part C Project Officers

State Assignments

Fax: (202) 205-9179

Rhonda Ingel
(202) 358-1797
E-mail: rhonda_ingel@ed.gov

Connecticut
Indiana
Maine
Michigan
Montana
Ohio
Tennessee
Washington

Terese Lilly
(202) 205-0151
E-mail: terese_lilly@ed.gov

Arkansas
Bureau of Indian Affairs
Iowa
Louisiana
Minnesota
New Mexico
Puerto Rico
Rhode Island
South Dakota
Texas

Alma McPherson
(202) 205-8947
E-mail:
alma_mcpherson@ed.gov

Alaska
Delaware
Florida
Kansas
Maryland
Mississippi
New York
Oklahoma
Utah
Wyoming

Sheryl Parkhurst
(202) 205-9375
E-mail: sheryl_parkhurst@ed.gov

Alabama
Georgia
Idaho
Nebraska
Nevada
New Hampshire
New Jersey
Virgin Islands
Virginia
Wisconsin

Jackie Twining-Martin
(202) 205-8258
E-mail:
jacquelyn_twining@ed.gov

American Samoa
Arizona
California
Colorado
Commonwealth of Northern Mariana Islands
Guam
Hawai'i
Massachusetts
Missouri
Palau *(FY1998 only)*
South Carolina

Sarah Willis
(202) 205-8658
E-mail: sarah_willis@ed.gov

District of Columbia
Kentucky
North Carolina
North Dakota
Oregon
Pennsylvania
Vermont
West Virginia

Bobbi Stettner-Eaton
(202) 205-8828
E-mail: bobbi_stettner-eaton@ed.gov

Illinois

NECTAS List of Part C Lead Agencies

(Current as of December 1998)

State/Jurisdiction [1,2]	Lead Agency
Alabama	Rehabilitation Services
Alaska	Health & Social Services
American Samoa	Health
Arizona	Economic Security
Arkansas	Human Services/ Developmental Disabilities (DD)
California	Developmental Services
Colorado	Education
Commonwealth of No. Mariana Islands	Education
Connecticut	Mental Retardation
Delaware	Health and Social Services
District of Columbia	Human Services
Florida	Health (Children's Medical Services)
Georgia	Human Resources/Division of Health
Guam	Education
Hawaii	Health
Idaho	Health & Welfare/DD
Illinois	Human Services
Indiana	Family and Social Services
Iowa	Education
Kansas	Health and Environment
Kentucky	Human Resources/Mental Health-Mental Retardation (MH-MR)
Louisiana	Education
Maine	Education
Maryland	Education
Massachusetts	Public Health
Michigan	Education
Minnesota	Education
Mississippi	Health
Missouri	Education
Montana	Public Health & Human Services
Nebraska	Education and Health & Human Services (Co-Lead)
Nevada	Human Resources
New Hampshire	Health and Human Services
New Jersey	Health and Senior Services
New Mexico	Health/DD
New York	Health
North Carolina	Department of Health and Human Services/MH-DD-Substance Abuse Services (SAS)
North Dakota	Human Services
Ohio	Health
Oklahoma	Education
Oregon	Education
Palau	Education
Pennsylvania	Public Welfare
Puerto Rico	Health
Rhode Island	Health
South Carolina	Health & Environmental Control
South Dakota	Education
Tennessee	Education
Texas	Interagency Council on Early Childhood Intervention
Utah	Health
Vermont	Education and Human Services (Co-Lead)
Virgin Islands	Education
Virginia	MH/MR/SAS
Washington	Social & Health Services
West Virginia	Health & Human Services
Wisconsin	Health & Social Services
Wyoming	Health

[1] Federated States of Micronesia and Republic of Marshall Islands are not currently eligible for this federal program.

[2] The Department of the Interior (DOI) receives allocation which then is distributed by DOI to tribes.

Coordinators of the Early Intervention Program for Infants and Toddlers With Disabilities (Part C) in States and Jurisdictions

Information is current as of December 1998. This information is maintained at the NECTAS site on the World Wide Web (http://www.nectas.unc.edu/partc/ptccoord.html). Readers are encouraged to visit the site for up-to-date information.

ALABAMA
Ouida Holder, Part C Coordinator
Early Intervention Program
2129 E South Boulevard
PO Box 11586
Montgomery, AL 36111-0586
Phone: (334) 281-8780, 398
Fax: (334) 613-3541
E-mail: oholder@rehab.state.al.us
URL: http://www.rehab.state.al.us/intervention.html

ALASKA
Jane Atuk, Part C Coordinator
Infant Learning Program
Maternal and Child Health
State Dept. of Health & Social Svcs.
1231 Gambell Street
Anchorage, AK 99501-4627
Phone: (907) 269-3419
Fax: (907) 269-3465
E-mail: jbatuk@health.state.ak.us

AMERICAN SAMOA
Julia Lyons, Part C Coordinator
Department of Health
Government of American Samoa
Government of American Samoa
Pago Pago, AS 96799
Phone: (684) 633-4929
Fax: (684) 633-2167

ARIZONA
Bill Hixon, Acting Part C Coordinator
Gov's ICC for Infants & Toddlers
Department of Economic Security
1717 West Jefferson, Room 109
Phoenix, AZ 85005
Phone: (602) 542-3937
Fax: (602) 542-5552
E-mail: azeip@aztec.asu.edu

ARKANSAS
Sherrill Archer
Interim Part C Coordinator
DD Services, Dept. of Human Services
Donaghey Plaza North
7th & Main Streets, Slot 2520
PO Box 1437
Little Rock, AR 72203-1437
Phone: (501) 682-8699
Fax: (501) 682-8890
E-mail: dds1@aristotle.net

BUREAU OF INDIAN AFFAIRS
Ken Whitehorn, Chief
Bureau of Indian Affairs
Branch of Exceptional Education
Mail Stop 3512, MIB-Code 523
1849 C Street NW
Washington, DC 20240-4000
Phone: (202) 208-4975
Fax: (202) 273-0030

CALIFORNIA
Carlos Flores
Part C Coordinator
Early Intervention Program
Department of Developmental Services
1600 9th Street, Room 310
PO Box 944202
Sacramento, CA 95814
Phone: (916) 654-2773
Fax: (916) 654-3255
E-mail: cflores@dds.ca.gov
URL: http://www.dds.ca.gov/prev004.htm

COLORADO
Susan Smith, Part C Coordinator
Prevention Initiatives
State Department of Education
201 East Colfax Avenue, Room 301
Denver, CO 80203
Phone: (303) 866-6709
Fax: (303) 866-6662
E-mail: smith_s@cde.state.co.us

CONNECTICUT
Linda Goodman, Part C Coordinator
Department of Mental Retardation
460 Capitol Avenue
Hartford, CT 06106
Phone: (860) 418-6147
Fax: (860) 418-6003
E-mail: lbgood993@aol.com
URL: http://www.birth23.org/

DELAWARE
Rosanne Griff-Cabelli, Part C Coordinator
Division of Management Services
Department of Health & Social Services
2nd Floor, Room 204
1901 North Dupont Highway
New Castle, DE 19720
Phone: (302) 577-4647
Fax: (302) 577-4083
E-mail: rcabelli@state.de.us

DISTRICT OF COLUMBIA
Joan Christopher, Part C Coordinator
DC-EIP Services
609 H Street NE, 5th Floor
Washington, DC 20002
Phone: (202) 727-5930
Fax: (202) 727-5971

FLORIDA
Mike Hanley, Part C Coordinator
Director of Early Intervention Unit
Div. of Children's Medical Services
Department of Health, Bldg. 6
1309 Winewood Boulevard
Tallahassee, FL 32399-0700
Phone: (850) 487-1546

GEORGIA
Wendy Sanders
Coordinator, Local Early Intervention Program Support
Babies Can't Wait Program
Division of Public Health
Department of Human Resources, 7th Floor
2 Peachtree Street NE
Atlanta, GA 30303
Phone: (404) 657-2727
Fax: (404) 657-2763
E-mail: wss@ph.dhr.state.ga.us
URL: http://www.ph.dhr.state.ga.us/bcw/bcw.htm

GUAM
Vince Leon Guerrero, Associate Superintendent
Division of Special Education
Department of Education
PO Box DE
Agana, GU 96932
Phone: (671) 475-0549
Fax: (671) 475-0562
E-mail: vincenttlg@kuentos.guam.net

HAWAI'I
Jean Johnson, Project Coordinator
Zero-to-3 Hawai'i Project
Pan Am Building
1600 Kapiolani Boulevard, Suite 1401
Honolulu, HI 96814
Phone: (808) 942-8223
Fax: (808) 946-5222
E-mail: jeanj@hawaii.edu

IDAHO
Mary Jones, Project Manager
Infant/Toddler Program
Department of Health & Welfare
450 West State Street, 5th Floor
PO Box 83720
Boise, ID 83720-0036
Phone: (208) 334-5523
Fax: (208) 334-6664
E-mail: jonesm@dhw.state.id.us
URL: http://www.uidaho.edu/~tcavi/icc.html

ILLINOIS
Mary Miller, Part C Coordinator
Office of Community Health & Prevention
Bureau of Early Intervention, Department of Human Services
662 East Washington, 2nd Floor
PO Box 19429
Springfield, IL 62794-9429
Phone: (217) 782-1981
Fax: (217) 524-6248

INDIANA
Maureen Greer, Part C Director
First Steps
Bureau of Child Development
Division of Family and Children
402 West Washington Street, #W-386
Indianapolis, IN 46204
Phone: (317) 232-2429
Fax: (317) 232-7948
E-mail: mgreer@fssa.state.in.us

IOWA
Lynda Pletcher, Coordinator
Iowa's System of Early Intervention Services
Bureau of Children, Family, & Community Services
Grimes State Office Building, 3rd Floor
Des Moines, IA 50319-0146
Phone: (515) 281-7145
Fax: (515) 242-6019
E-mail: lynda.pletcher@ed.state.ia.us

KANSAS
Jayne Garcia
Coordinator, Infant Toddler Program
Department of Health & Environment
Landon State Office Building, 10th Floor
900 Southwest Jackson
Topeka, KS 66612-1290
Phone: (913) 296-6135
Fax: (913) 296-8626
E-mail: uskank86@ibmmail.com
URL: http://www.ink.org/public/kdhe/bcyf/cds.html

KENTUCKY
Jim Henson, Part C Coordinator
Infant-Toddler Program
Division of Mental Retardation
Department of Mental Health and Mental Retardation Services
275 East Main Street
Frankfort, KY 40621
Phone: (502) 564-7722
Fax: (502) 564-0438
E-mail: jhenson@mail.state.ky.us

LOUISIANA
Evelyn Johnson, Part C Coordinator
Division of Special Populations
State Department of Education
PO Box 94064
Baton Rouge, LA 70804-9064
Phone: (504) 342-3631
Fax: (504) 219-4678
E-mail: edjohnson@mail.doe.state.la.us

MAINE
Joanne C. Holmes, 619 and Part C Coordinator
Child Development Services
Department of Education
146 State House Station
Augusta, ME 04333
Phone: (207) 287-3272
Fax: (207) 287-5900
E-mail: jaci.holmes@state.me.us

MARYLAND
Deborah Metzger
Branch Chief (Part C Coordinator)
Maryland Infant/Toddler/Preschool Services Division
Division of Special Education
State Department of Education
200 West Baltimore Street
Baltimore, MD 21201
Phone: (410) 767-0261
Fax: (410) 333-2661
E-mail: dmetzger@msde.state.md.us
URL: http://www.msde.state.md.us/sped/

MASSACHUSETTS
Ron Benham
Part C Coordinator & Director of Early Intervention
Early Intervention Services
Department of Public Health, 4th Floor
250 Washington Street
Boston, MA 02108-4619
Phone: (617) 624-5969
Fax: (617) 624-5990
E-mail: Ron.Benham@state.ma.us

MICHIGAN
Vanessa Winborne, Interim Part C Coordinator
Early On Michigan
Office of Special Education & EI Services
State Department of Education
PO Box 30008
Lansing, MI 48909
Phone: (517) 335-4865
Fax: (517) 373-7504
E-mail: winbornev@state.mi.us
URL: http://www.earlyon-mi.org/index.html

MINNESOTA
Jan Rubenstein, Coordinator
Interagency Early Intervention Proj
Department of Children, Families & Learning
Capitol Square Building, Room 987
550 Cedar Street
St. Paul, MN 55101
Phone: (612) 296-7032
Fax: (612) 296-5076
E-mail: jan.rubenstein@state.mn.us

MISSISSIPPI
Roy Hart, Part C Coordinator
Infant and Toddler Program
Mississippi State Department of Health
2423 North State Street, Room 105A
PO Box 1700
Jackson, MS 39215-1700
Phone: (601) 576-7427
Fax: (601) 354-6087

MISSOURI
Paula Goff, Director
Early Childhood Special Education
Department of Elementary & Secondary Education
State Department of Education
PO Box 480
Jefferson City, MO 65102-0480
Phone: (573) 751-0185
Fax: (573) 526-4404
E-mail: pgoff@mail.dese.state.mo.us
URL: http://www.dese.state.mo.us/divspeced/firststeps.html

MONTANA
Jan Spiegle, Part C Coordinator
Developmental Disabilities Program
Division of Disability Services
Dept. of Public Health & Human Svcs.
PO Box 4210
Helena, MT 59604-4210
Phone: (406) 444-2995
Fax: (406) 444-0230
E-mail: jspiegle@mt.gov
URL: http://www.dphhs.mt.gov/res/news896/spotligh.htm

NEBRASKA
Joan Luebbers, Program Specialist
Special Education Section
State Department of Education
PO Box 94987
Lincoln, NE 68509
Phone: (402) 471-2463
Fax: (402) 471-0117
E-mail: joan_l@nde4.nde.state.ne.us
URL: http://nde4.nde.state.ne.us/ech/early/echp.htm

NEVADA
Janelle Mulvenon, Acting Clinical Program Manager
Community Connections
Division of Child & Family Services
3987 South McCarran Boulevard
Reno, NV 89502
Phone: (702) 688-2284
Fax: (702) 688-2558
E-mail: jamulven@govmail.state.nv.us

NEW HAMPSHIRE
Carolyn O'Hara
Part C Coordinator/Program Specialist
Fam. Ctr. Early Supports & Services
Division of Developmental Services
Department of Health and Human Services
105 Pleasant Street
Concord, NH 03301
Phone: (603) 271-5122
Fax: (603) 271-5144
E-mail: cohara@dhhs.state.nh.us

NEW JERSEY
Terry Harrison, Early Intervention Program
Dept of Health and Senior Services
Division of Family Health Services
PO Box 364
Trenton, NJ 08625-0364
Phone: (609) 777-7734
Fax: (609) 292-3580
E-mail: TLH@doh.state.nj.us

NEW MEXICO
Cathy Stevenson, Part C Coordinator
Long Term Services Division
Department of Health
1190 St. Francis Drive
PO Box 26110
Santa Fe, NM 87502-6110
Phone: (505) 827-0119
Fax: (505) 827-2455
URL: http://http://cdd.unm.edu/ec/doh.html

NEW YORK
Donna Noyes, Director
Early Intervention Program
State Department of Health
Corning Tower, Room 208
Empire State Plaza
Albany, NY 12237-0618
Phone: (518) 473-7016
Fax: (518) 473-8673
E-mail: dmn02@health.state.ny.us

NORTH CAROLINA
Duncan Munn, Part C Coordinator
Developmental Disabilities Section
Division of MH/MR/SAS
Dept of Health & Human Services
325 North Salisbury Street
Raleigh, NC 27603
Phone: (919) 733-3654
Fax: (919) 733-9455
E-mail: DMunn@dhr.state.nc.us
URL: http://www2.check-it-out.org/check-it-out/calendar.html

NORTH DAKOTA
Robert Graham, Part C Co-Coordinator
Developmental Disabilities Unit
Department of Human Services
600 South 2nd Street, Suite 1A
Bismarck, ND 58504-5729
Phone: (701) 328-8929
Fax: (701) 328-8969
E-mail: sograr@state.nd.us
and
Debra Balsdon, Part C Co-Coordinator
Developmental Disabilities Unit
Department of Human Services
600 South 2nd Street, Suite 1A
Bismarck, ND 58504-5729
Phone: (701) 328-8936
Fax: (701) 328-8969
E-mail: sobald@state.nd.us

NORTHERN MARIANA ISLANDS
Suzanne Lizama, Coordinator
EC/SE Programs
CNMI Public Schools
PO Box 1370 CK
Saipan, MP 96950
Phone: (670) 664-3754
Fax: (670) 664-3796

OHIO
Steve Gassman, Interim Part C Coordinator
Bureau of EI Services
State Department of Health
5th Floor
PO Box 118
Columbus, OH 43266-0118
Phone: (614) 644-8389
Fax: (614) 728-9163
E-mail: sgassman@gw.odh.state.oh.us

OKLAHOMA
Mark Sharp, Interim Part C Coordinator
Special Education Office, Dept of Educ
Oliver Hodge Mem Educ Bldg, 4th Fl
2500 North Lincoln Boulevard
Oklahoma City, OK 73105-4599
Phone: (405) 521-4880
Fax: (405) 521-6205
E-mail: mark_sharp@mail.sde.state.ok.us

OREGON
Jane Mulholland, Assistant Superintendent
Early Intervention Programs
State Department of Education
Public Service Building
255 Capitol Street NE
Salem, OR 97301-0203
Phone: (503) 378-3598, 642
Fax: (503) 373-7968
E-mail: jane.mulholland@ode-exl.ode.state.or.us

PALAU
Elizabeth Watanabe, Coordinator
Part C Program
Bureau of Education
Republic of Palau
PO Box 189
Koror, Palau, PW 96940
Phone: (680) 488-2537
Fax: (680) 488-2830

PENNSYLVANIA
Jacqueline Epstein
Part C Coordinator/Division Chief
Division of Early Intervention Services
Office of Mental Retardation
Department of Public Welfare
PO Box 2675
Harrisburg, PA 17105-2675
Phone: (717) 783-8302
Fax: (717) 772-0012
E-mail: jackiee@dpw.state.pa.us

PUERTO RICO
Naydamar Perez de Otero, Coordinator
Part C Program
Department of Health
Office of the Secretary
Call Box 70184
San Juan, PR 00936
Phone: (787) 274-5659
Fax: (787) 274-3301

RHODE ISLAND
Ron Caldarone, Part C Coordinator
Rhode Island Department of Health
Division of Family Health
Cannon Building
3 Capitol Hill, Room 302
Providence, RI 02908-5097
Phone: (401) 222-1185, 112
URL: http://http://www.health.state.ri.us

SOUTH CAROLINA
Kathy Hart, Part C Coordinator
BabyNet
Division of Community Health Services
Dept of Health & Environ Control
Robert Mills Complex, Box 101106
Columbia, SC 29201
Phone: (803) 898-0781
Fax: (803) 898-0389
E-mail: hartkf@columb63.dhec.state.sc.us
URL: http://www.scbabynet.org

SOUTH DAKOTA
Barb Hemmelman
Education Program Assistant Manager
Office of Special Education
700 Governors Drive
Pierre, SD 57501
Phone: (605) 773-4478
Fax: (605) 773-6846
E-mail: barb.hemmelman@state.sd.us

TENNESSEE
Brenda Bledsoe, Part C Coordinator
Office of Special Education
State Department of Education
5th Floor—Gateway Plaza
710 James Robertson Parkway
Nashville, TN 37243-0380
Phone: (615) 741-3537
Fax: (615) 532-9412
E-mail: bbledsoe@mail.state.tn.us

TEXAS
Mary Elder, Executive Director
Texas ECI Program
Brown-Heatly State Office Building
4900 North Lamar
Austin, TX 78751-2399
Phone: (512) 424-6751
Fax: (512) 424-6749
E-mail: melder@eci.state.tx.us
URL: http://www.eci.state.tx.us

UTAH
Darla Saunders-Fowers
Part C Coordinator
Early Intervention Program
Baby Watch Early Intervention
State Department of Health
PO Box 144720
Salt Lake City, UT 84114-4720
Phone: (801) 584-8226
Fax: (801) 584-8496
E-mail: dsaunder@doh.state.ut.us

VERMONT
Beverly MacCarty
Part C Coordinator
Family, Infant and Toddler Project
PO Box 70
Burlington, VT 05402
Phone: (802) 651-1786
Fax: (802) 863-7635
E-mail: bmaccar@vdh.state.vt.us

VIRGIN ISLANDS
Kim Gomez
Director
Birth to Three Project
Charles Harwood Complex
Christiansted
3500 Richmond
St. Croix, VI 00820-4370
Phone: (340) 773-1311, 3006
E-mail: kimmie@virginislands.net

VIRGINIA
Anne Lucas, Part C Coordinator
Infant and Toddler Program
Department of MH/MR/SA Services
PO Box 1797
Richmond, VA 23218
Phone: (804) 371-6592
Fax: (804) 371-7959
E-mail: alucas@dmhmrsas.state.va.us

WASHINGTON
Sandy Loerch, Part C Coordinator
Infant Toddler Early Interv. Program
Dept. of Social & Health Services
12th and Franklin Streets
PO Box 45201
Olympia, WA 98504-5201
Phone: (360) 902-8490
E-mail: LoercSK@dshs.wa.gov

WEST VIRGINIA
Pam Roush
Part C Coordinator
Early Intervention Program
Office of Maternal & Child Health
Dept. of Health and Human Resources
1116 Quarrier Street
Charleston, WV 25301
Phone: (304) 558-3071
Fax: (304) 558-4984
E-mail: trroush@msn.com

WISCONSIN
Mitchell Kremer
Part C Coordinator
Birth to 3 Program
Division of Supportive Living
Dept. of Health & Family Services
PO Box 7851
Madison, WI 53370-7851
Phone: (608) 267-3270
Fax: (608) 261-6752
E-mail: kremema@dhfs.state.wi.us
URL: http://www.dhfs.state.wi.us/disabilities/developmental/birth.html

WYOMING
Mitch Brauchie
Part C Coordinator
Div. of Developmental Disabilities
Department of Health
Herschler Building
1413 West 25th Street
Cheyenne, WY 82002-0050
Phone: (307) 777-6972
Fax: (307) 777-6047

Chairs of the State and Jurisdictional Interagency Coordinating Councils (ICCs) Under Part C of IDEA

Information is current as of December 1998. This information is maintained at the NECTAS site on the World Wide Web (http://www.nectas.unc.edu/partc/iccchair.html). Readers are encouraged to visit the site for up-to-date information.

ALABAMA
Joseph Busta
ICC Chair
AL Institute for the Deaf & Blind
PO Box 698
Talladega, AL 35160
Phone: (205) 761-3200
Fax: (205) 761-3344

ALASKA
Kris Johnston
ICC Chair
PO Box 1729
Cordova, AK 99574
Phone: (907) 424-3145
Fax: (907) 424-3145
E-mail: kris@ptialaska.net
and
Lori Walter
ICC Chair to EI Committee
PO Box 35397
Fort Wainwright, AK 99703-0397
Phone: (907) 488-4709
E-mail: glwalter@ptialaska.net

AMERICAN SAMOA
Matt Tunoa
ICC Chair
LBJ Tropical Medical Center
American Samoa Hospital Authority
Government of American Samoa
Pago Pago, AS 96799
Phone: (684) 633-4929
Fax: (684) 633-2167

ARIZONA
Ginger Mach-Ward
ICC Co-Chair
Southwest Human Development
202 East Earll (#140)
Phoenix, AZ 85012
Phone: (602) 266-5976
E-mail: gward@swhd.org
and
Annabel Rose
ICC Co-Chair
The Blake Foundation
Children's Achievement Center
3825 East Second Street
Tucson, AZ 85716
Phone: (520) 325-0611
Fax: (520) 327-5414

ARKANSAS
Venita Lovelace-Chandler
ICC Co-Chair
14609 Brown Bear
Little Rock, AR 72212
Phone: (501) 450-5548
Fax: (501) 450-5822
and
Dana Green
ICC Co-Chair
2107 Houston
El Dorado, AR 71730
Phone: (870) 864-6435

CALIFORNIA
Raymond M. Peterson
ICC Chair
San Diego-Imperial Counties Dev. Services Inc.
4355 Ruffin Road, Suite 206
San Diego, CA 92123-1648
Phone: (619) 576-2932
Fax: (619) 576-2873

COLORADO
Sandra Scott
ICC Co-Chair
1808 Centennial Road
Fort Collins, CO 80525
Phone: (970) 223-5958
Fax: (970) 223-5958
E-mail: sandrascott@juno.com
and
Steven Smetak
ICC Co-Chair
9051 Hoyt Street
Westminster, CO 80021
Phone: (303) 423-1012
Fax: (303) 403-4410
E-mail: sasmetak@dnvr.uswest.net

CONNECTICUT
Mary Beth Bruder
ICC Chair
Div of Child & Family Studies
UCONN Health Center, MC 6222
263 Farmington Ave., Suite A-200
Farmington, CT 06030
Phone: (860) 679-4632
Fax: (860) 679-1368
E-mail: bruder@nso1.uchc.edu

DELAWARE
Beth MacDonald
ICC Chair
35 West Fairfield Drive
Dover, DE 19901
Phone: (302) 697-1976
Fax: (302) 577-4083
E-mail: bethmacd@dmv.com

DISTRICT OF COLUMBIA
Tawara Taylor
ICC Chair
Georgetown University
Child Development Center
3307 M Street NW
Washington, DC 20007
Phone: (202) 687-8635
Fax: (202) 687-8899

FLORIDA
Katherine Kamiya
ICC Chair
Florida's Collaboration for Young Children & Their Families
Head State-State Collaboration Offic
1310 Cross Creek Circle, Suite A
Tallahassee, FL 32301
Phone: (850) 487-8871
Fax: (850) 487-0045
E-mail: kkamiya@com1.med.usf.edu

GEORGIA
Walter Black
ICC Parent Chair
5097 Vixen Court
Acworth, GA 30101
Phone: (770) 975-1173
E-mail: walterblack@mindspring.com

GUAM
Mamie C. Balajadia
ICC Chair
Department of Mental Health and
Substance Abuse
790 Gov. Carlos Camacho Road
Tamuning, GU 96911
Phone: (671) 647-5440
Fax: (671) 649-6948

HAWAI'I
Ha'aheo Mansfield
ICC Chair
Parents & Children Together (PACT)
1475 Linapuni, #177A
Honolulu, HI 96819
Phone: (808) 847-3285
Fax: (808) 841-1485

IDAHO
Jana Jones
ICC Chair
3560 Handley
Idaho Falls, ID 83404
Phone: (208) 236-3610
Fax: (208) 523-1123

ILLINOIS
Anne Shannon
ICC Chair
PARC
9999 West Roosevelt Road
Westchester, IL 60154
Phone: (708) 547-3597
Fax: (708) 547-4067

INDIANA
Dawn Carlson
ICC Chair
500 8th Avenue
Terre Haute, IN 47804
Phone: (812) 231-8342
Fax: (812) 231-8208
E-mail: dccarlson@aol.com

IOWA
Paul Greene
ICC Chair
335 Columbia Circle
Waterloo, IA 50701
Phone: (319) 232-9418
E-mail: pdgreene3@aol.com

KANSAS
Laura K. Clark
ICC Chair
600 Minnesota Avenue
Kansas City, KS 66101
Phone: (913) 551-3700
Fax: (913) 551-3706

KENTUCKY
Vicki Stayton
ICC Chair
Dept. of Teacher Education, 360 TPH
College of Education
Western Kentucky University
Bowling Green, KY 42101
Phone: (502) 745-5414
Fax: (502) 745-6474
E-mail: vicki.stayton@wku.edu

MAINE
Jean Eaton
ICC Chair
CDS Lincoln County
PO Box 1114
Damariscotta, ME 04543
Phone: (207) 563-1411
Fax: (207) 563-6312

MARYLAND
Renee Wachtel
ICC Chair
Developmental Pediatrics
University of Maryland
School of Medicine, Room 5686
630 West Fayette Street
Baltimore, MD 21201
Phone: (410) 706-3542
Fax: (410) 706-0835

MASSACHUSETTS
Philip Printz
ICC Chair
New England DSQIC
Educational Development Center, Inc.
55 Chapel Street
Newton, MA 02158
Phone: (617) 969-7100
Fax: (617) 969-3440

MICHIGAN
Mac Miller
ICC Chair
Livingston County CMH Services
206 South Highlander Way
Howell, MI 48843
Phone: (517) 546-4126
Fax: (517) 546-1300

MINNESOTA
Judy Swett
ICC Chair
1126 Blair Avenue
St. Paul, MN 55104-2001
Phone: (612) 642-9533
Fax: (612) 221-1100
E-mail: jswett@pacer.org

MISSISSIPPI
Louis Aldridge
ICC Co-Chair
PO Box 2611
Tupelo, MS 38803
Phone: (601) 842-3569
and
Rep. John Moore
ICC Co-Chair
101 Shiloh Road
Brandon, MS 39042
Phone: (601) 366-4100

MISSOURI
Roger Garlich
ICC Chair
Children's Therapy Center
PO Box 1565
Sedalia, MO 65302
Phone: (816) 826-4400
Fax: (816) 826-4420

MONTANA
Millie Kindle
ICC Chair
HC 65, Box 6100
Malta, MT 59538
Phone: (406) 654-2097
Fax: (406) 654-1796
E-mail: cactus@ttc-cmc.net

NEBRASKA
Sandy Peterson
ICC Chair
ESU #3
6949 South 110th Street
Omaha, NE 68128
Phone: (402) 597-4934
Fax: (402) 597-4811
E-mail: speterso@esu3.esu3.k12.ne.us

NEVADA
Sharon Rogers
ICC Chair
Special Education Branch
Nevada Department of Education
Educational Equity
700 East Fifth Street
Carson City, NV 89701-9050
Phone: (702) 687-9145
Fax: (702) 687-9123
E-mail: srogers@nsn.k12.nv.us

NEW HAMPSHIRE
Position vacant at time of publication

NEW JERSEY
Louise McIntosh
ICC Chair
109 Beechwood Road
Summit, NJ 07901
Phone: (908) 277-2883
Fax: (908) 277-2883
E-mail: LKMcIntosh@aol.com

NEW MEXICO
Sallie Van Curen
ICC Chair
Parents Reaching Out (PRO)
1000-A Main Street NW
Los Lunas, NM 87031
Phone: (505) 865-3700
Fax: (505) 865-3737
E-mail: sallievc@aol.com

NEW YORK
Thomas Roach
ICC Chair
Ulster County Social Services
7 Cicero Avenue
New Paltz, NY 12561
Phone: (914) 255-1713
Fax: (914) 255-3202

NORTH CAROLINA
Susan Peele
ICC Co-Chair
Rockingham County Schools
511 Harrington Highway
Eden, NC 27288
Phone: (910) 627-2615
Fax: (910) 627-2660
E-mail: speele@interpath.com
and
Sandy Steele
ICC Co-Chair
Partnerships for Inclusion
Caswell Center Community Services
2415 West Vernon Avenue
Kinston, NC 28501
Phone: (919) 559-5156
E-mail: msteele@greenvillenc.com

NORTH DAKOTA
Position vacant at time of publication

OHIO
Ann Dietrich
ICC Co-Chair
Society for Rehabilitation
9521 Lake Shore Boulevard
Mentor, OH 44060
Phone: (440) 352-8993
Fax: (440) 352-6632
E-mail: society@buckeyeweb.com
and
Emily Krieger
ICC Co-Chair
1313 Woodglen Circle
Bellefontaine, OH 43311
Phone: (513) 599-6333
Fax: (513) 599-2811

OKLAHOMA
Candye Chavez
ICC Chair
PO Box 12501
Oklahoma City, OK 73157-2501
Phone: (405) 440-2538
Fax: (405) 789-1662

OREGON
Judy Newman
ICC Chair
Early Childhood CARES Program
1859 East 15th Avenue
Eugene, OR 97403
Phone: (541) 346-2639
Fax: (541) 346-2636
E-mail: Judy_Newman@ccmail.uoregon.edu

PALAU
Gillian Johannes
ICC Chair
Special Education Advisory Council
Republic of Palau
PO Box 716
Koror, Palau, PW 96940
Phone: (680) 488-2318
Fax: (680) 488-1211

PENNSYLVANIA
Dennis Harkin
ICC Chair
Montgomery County Intermediate Unit #23
1605 B West Main Street
Norristown, PA 19403
Phone: (610) 539-8550
Fax: (610) 539-5973

PUERTO RICO
Atenaida Gonzalez Velez
ICC Chair
President Consejo Interagencial
Department of Health
PO Box 70184
San Juan, PR 00936
Phone: (787) 767-0870
Fax: (787) 767-5675

RHODE ISLAND
James Healey
ICC Chair
The Rhode Island Arc
99 Bald Hill Road
Cranston, RI 02920
Phone: (401) 463-9191
Fax: (401) 463-9244

SOUTH CAROLINA
Susanna Duckworth
ICC Chair
Winthrop University
232 O Withers Building
Rock Hill, SC 29733
Phone: (803) 323-2453
Fax: (803) 323-2585
E-mail: duckworths@winthrop.edu

SOUTH DAKOTA
Joanne Wounded Head
ICC Chair
SD UAP
School of Medicine
414 East Clark Street
Vermillion, SD 57069
Phone: (605) 677-5311
Fax: (605) 677-6274
E-mail: jwounded@usd.edu

TENNESSEE
Wesley Brown
ICC Chair
Center for Early Childhood
East Tennessee State University
Box 70720
Johnson City, TN 37614-0720
Phone: (423) 439-7149
Fax: (423) 439-5624
E-mail: wesbrown@etsu.edu

TEXAS
Alba Ortiz
ICC Chair
Office of the Dean
University of Texas at Austin
College of Education, EBB 210
Austin, TX 78712
Phone: (512) 471-7255
Fax: (512) 471-0846

UTAH
Carolyn Bass
ICC Chair
The Learning Center for Families
1192 West Sunset Boulevard, #2
St. George, UT 84770
Phone: (435) 673-5353
Fax: (435) 673-5393
E-mail: cbassot@infowest.com

VERMONT
Wayne L. Fox
ICC Co-Chair
VT UAP
University of Vermont
499-C Waterman Building
Burlington, VT 05405-0160
Phone: (802) 656-4031
Fax: (802) 656-1357
E-mail: wfox@zoo.uvm.edu
and
Frances Cloutier
RR1, Box 535
Newport, VT 05855
Phone: (802) 334-8220
Fax: (802) 334-8220

VIRGIN ISLANDS
Zenaida Conde
ICC Chair
Department of Human Services
Sunny Isle
PO Box 6361
St. Croix, VI 00823
Phone: (340) 773-2323, 117
Fax: (340) 773-6121

VIRGINIA
John E. Frederick
ICC Chair
511 Decatur Drive
Salem, VA 24153
Phone: (540) 989-8006
Fax: (540) 772-0159

WASHINGTON
Kathy Christiansen
ICC Chair
ESD 101
West 1025 Indiana
Spokane, WA 99205
Phone: (509) 456-6320
Fax: (509) 456-2999

WEST VIRGINIA
Ken Price
ICC Chair
Northfork Elementary School
PO Box 187
Circleville, WV 26804
Phone: (304) 567-3193
Fax: (304) 567-3196

WISCONSIN
Stacy H. Wigfield
Acting ICC Chair
Development & Training Center
2125 Third Street
Eau Claire, WI 54703
Phone: (715) 833-7755
Fax: (715) 833-7757

WYOMING
Joan Hoffman
ICC Chair
750 Michael Drive
Sheridan, WY 82801
Phone: (307) 674-6544
Fax: (307) 674-5947

Central Directory Providers in the States and Jurisdictions

Information is current as of September 1998.

The following is a list of the central directory providers as required under Part C of IDEA for each participating state and jurisdiction. These providers can direct families and professionals to resources in their state that serve children from birth to age 3 years, and in some cases can provide information on services for older children as well. People seeking information on resources within a state should call the Intake number provided. Please note that the toll-free numbers for information intake in some states are not accessible when dialing from outside the state. Alternate phone contacts are offered for administrative purposes or for callers from outside of the state (when the toll-free number is not accessible), and for communicating using a telecommunications devices for the deaf (TDDs). E-mail addresses and URLs for World Wide Web sites are provided when available. This information also is maintained on the NECTAS site on the World Wide Web at http://www.nectas.unc.edu/part_c/cendir.html/. Readers are encouraged to visit the site for the most up-to-date information.

ALABAMA
Department of Rehabilitation Services
Division of Early Intervention
2129 East South Boulevard
P.O. Box 11586
Montgomery, AL 36111-0586
Admin: (334) 613-3455 (voice/TDD)
Intake: (800) 543-3098 (voice/TDD)

ALASKA
Healthy Baby Hotline
Division of Vocational Rehabilitation
Assistive Technologies of Alaska
2217 East Tudor Road, Suite 5
Anchorage, AK 99507-1068
Admin: (907) 563-0138 (voice/TDD) or
(800) 770-0138 (voice/TDD)
Intake: (800) 478-2221 (voice/TDD, AK only)
E-mail: atadvr@corecom.net
WWW: http://www.corecom.net/ATA/

AMERICAN SAMOA
Part C Program
Department of Health
Government of American Samoa
Pago Pago, AS 96799
Admin and Intake: (684) 633-4929 or -2697

ARIZONA
Children's Information Center
Department of Health Services
1740 West Ave., Room 200
Phoenix, AZ 85008
Admin: (602) 220-6550 (voice)
(602) 256-7577 (TDD)
Intake: (800) 232-1676 (voice/TDD, AZ only)

ARKANSAS
Division of Developmental Disabilities
Department of Human Services
P.O. Box 1437, Slot 2520
Little Rock, AR 72203-1437
Admin: (501) 682-8695 (voice/TDD)
Intake: (800) 643-8258 (voice/TDD)
E-mail: dds1@aristotle.net

CALIFORNIA
Department of Developmental Services
Prevention and Children Services Branch
Early Start Program
1600 9th Street, Room 310
Sacramento, CA 95814
Admin: (916) 654-2773
Intake: (800) 515-BABY(voice, CA only)
(916) 654-2054 (TDD)
URL: http://www.dds.cahwnet.gov/services.htm

COLORADO
Special Education Division
Department of Education
201 East Colfax, Room 305
Denver, CO 80203
Attn: Tom Patton
Admin: (303) 866-6667 (voice)
Intake: (800) 288-3444 (voice/TDD, CO only)
E-mail: patton_t@cde.state.co.us
WWW: http://www.dooronline.org/

COMMONWEALTH OF NORTHERN MARIANA ISLANDS
Early Childhood/Special Education Programs
CNMI Public School System
P.O. Box 1370 CK
Saipan, MP 96950
Admin and Intake: (670) 322-9956

CONNECTICUT
Birth to Three INFOLINE
United Way of Connecticut
1344 Silas Deane Highway
Rocky Hill, CT 06067
Admin: (860) 571-7556 (voice/TDD)
Intake: (800) 505-7000 (voice/TDD, CT only)
E-mail: kareena@ctunitedway.org
WWW: http://www.birth23.org/

DELAWARE
Birth to Three Early Intervention System
Department of Health and Social Services
1901 North DuPont Highway
New Castle, DE 19720
Admin and print directory: (302) 577-4643 (voice)
Intake : (800) 464-4357 (voice/TDD, Helpline I&R, DE only)
(800) 273-9500 (voice/TDD, Helpline I&R, outside DE)
E-mail: rcabelli@state.de.us

DISTRICT OF COLUMBIA
DC EIP Services
Office of Early Childhood Development
609 H Street NE
Washington, DC 20002
Admin: (202) 727-5930 (voice)
(202) 727-2114 (TDD)
Intake: (202) 727-8300 (voice, ChildFind)

FLORIDA
Directory of Early Childhood Services
259 East Seventh Avenue
Tallahassee, FL 32303
Admin and Intake: (904) 921-5444 (voice/TDD)
Intake: (800) 654-4440 (voice)
E-mail: lalong@centraldirectory.org

GEORGIA
Babies Can't Wait Directory
Parent-to-Parent of Georgia, Inc.
2900 Woodcock Boulevard, Suite 240
Atlanta, GA 30341
Admin: (770) 451-5484 (voice/TDD)
Intake: (800) 229-2038 (voice/TDD, GA only)
E-mail: info@parentotparentofga.org
URL: http://www.parenttoparentofga.org/

GUAM
Department of Education
Division of Special Education
P.O. Box DE
Agana, GU 96932
Admin and Intake: (617) 475-0549

HAWAI'I
H-KISS
Zero to Three Hawai'i Project
1600 Kapiolani Boulevard, Suite 1401
Honolulu, HI 96814
Admin and Intake: (808) 955-7273 (voice/TDD, Oahu only)
(800) 235-5477 (voice/TDD, Other islands)

IDAHO
Idaho CareLine
Idaho Infant/Toddler Program
450 West State Street
Boise, ID 83720-0036
Admin: (208) 334-4927 (voice)
Intake: (800) 926-2588 (English voice, ID only)
(800) 677-1848 (Spanish voice, ID only)
(208) 332-7205 (TDD)

ILLINOIS
Help Me Grow Hotline
535 West Jefferson Street
Department of Health
Springfield, IL 62761
Admin: (217) 785-7275 (voice)
Intake: (800) 323-4769 (voice/TDD, IL only)

INDIANA
Indiana Parent Information Network
4755 Kingsway Drive, Suite 105
Indianapolis, IN 46205
Admin: (317) 257-8683 (voice/TDD)
Intake: (800) 964-IPIN (964-4746) (voice/TDD, IN only)
E-mail: ipin@indy.net

IOWA
Iowa COMPASS
Information and Referral for Iowans with Disabilities and Their Families
University Hospital School
100 Hawkins Drive, Room S277
Iowa City, IA 52242-1011
Admin: (319) 353-8781 (voice/TDD)
Intake: (800) 779-2001 (voice/TDD)
(319) 353-8777 (voice/TDD)
E-mail: iowa-compass@uiowa.edu
URL: http://www.uiowa.edu/uhs/compass.html

KANSAS
Make a Difference Information Network
Department of Health and Environment
900 Southwest Jackson, LSOB,10th Floor
Topeka, KS 66612-1290
Admin: (913) 296-1317 (voice/TDD)
Intake: (800) 332-6262 (voice/TDD, KS only)
E-mail: USKAN8K6@IBMMAIL.COM

KENTUCKY
First Steps, Kentucky's Early Intervention System
275 East Main Street
Frankfort, Ky 40621
Admin: (502) 564-7722 (voice/TDD)
Intake: (800) 442-0087 (voice)
(800) 648-6057 (TDD through RELAY service)
URL: http://www.iglou.com/katsnet/first_steps/home.htm

LOUISIANA
ChildNet Information and Referral
Disabilities Information Access Line (DIAL)
Developmental Disabilities Council
P.O. Box 3455
Baton Rouge, LA 70821-3455
Admin: (504) 342-6806 (voice)
(504) 342-5704 (TDD)
Intake: (800) 922-DIAL (922-3425) (voice)
(800) 256-1633 (TDD)

MAINE
Child Development Services
State House Station #146
Augusta, ME 04333
Admin and Intake: (207) 287-3272 (voice)
(207) 287-2550 (TDD)

MARYLAND
Maryland Infants and Toddlers Program
Division of Special Education
Department of Education
200 West Baltimore Street, 4th Floor
Baltimore, MD 21201
Admin: (410) 767-0261 (voice)
Intake: (800) 535-0182 (voice, MD only)
(800) 735-2258 (TDD through Maryland RELAY service)

MASSACHUSETTS
Family TIES of Massachusetts
Department of Public Health
250 Washington Street, 4th Floor, DCSHCN
Boston, MA 02108-4619
Admin: (617) 624-5070 (voice)
Intake: (800) 905-TIES (905-8437) (voice, MA only)
(617) 624-5992 (TDD)
E-mail: division.cshcn@state.ma.us

MICHIGAN
Early On
Michigan 4C Association
2875 Northwind Drive, Suite 200
East Lansing, MI 48823
Admin: (517) 351-4171 (voice)
Intake: (800) EARLY-ON (327-5966) (voice/TDD)
E-mail: earlyon@juno.com
URL: http://www.earlyon-mi.org/

MINNESOTA
Children with Special Health Needs
Division of Family Health
Department of Health
717 Southeast Delaware Street
P.O. Box 9441
Minneapolis, MN 55440-9441
Admin: (612) 623-5150 (voice/TDD)
Intake: (800) 728-5420 (voice/TDD)
E-mail: iandr@kids.health.state.mn.us
URL: http://www.health.state.mn.us/divs/fh/mcshn/iandr.htm

MISSISSIPPI
First Steps Early Intervention Program
Department of Health
2423 North State Street
P.O. Box 1700
Jackson, MS 39215-1700
Admin: (601) 960-7427 (voice)
Intake: (800) 451-3903 (voice, MS only)

MISSOURI
INFORM
Information Network for Missouri's Children with Special Needs
Central Missouri State University
204 Humphrey's Building
Warrensburg, MO 64093
Admin: (816) 543-4193 (voice)
Intake: (800) 873-6623 (voice)
(800) 735-2966 (TDD through RELAY service)
E-mail: inform@cmsuvmb.cmsu.edu
URL: http://www.cmsu.edu/inform/

MONTANA
Parents Let's Unite for Kids (PLUK)
1500 North 30th Street
Billings, MT 59101-0298
Admin: (406) 657-2055 (voice/TDD)
Intake: (800) 222-7585 (voice/TDD, MT only)
E-mail: plukmt@aol.com

NEBRASKA
ChildFind Information and Referral for Children and Their Families
Assistive Technology Project
Department of Education
301 Centennial Mall South
P. O. Box 94987
Lincoln, NE 68509-4987
Admin: (402) 471-3656 (voice/TDD)
Intake: (800) 742-7594 (voice/TDD, NE only)
E-mail: atp@nde4.nde.state.ne.us
URL: http://www.nde.state.ne.us/ATP/TECHome.html

NEVADA
Project ASSIST
Nevada Early Childhood Association for Special Children
P.O. Box 70247
Reno, NV 89570-0247
Admin: (702) 747-0669 (voice)
Intake: (800) 522-0066 (voice, NV only)

NEW HAMPSHIRE
Family Resource Connection
New Hampshire State Library
20 Park Street
Concord, NH 03301
Admin: (603) 271-7931 (voice)
Intake: (800) 298-4321 (voice, NH only)
(800) 735-2964 (TDD through RELAY service)
E-mail: nyea@finch.nhsl.lib.nh.us
URL: http://www.state.nh.us/nhsl/frc/

NEW JERSEY
Resources
Developmental Disabilities Council
P.O. Box 700
20 West State Street
Trenton, NJ 08625-0700
Admin: (609) 292-3745 (voice)
Admin & Intake: (609) 777-3238 (TDD)
Intake: (800) 792-8858 (voice)

NEW MEXICO
Information Center for New Mexicans with Disabilities/Babynet
435 Saint Michael's Drive, Bldg. D
Santa Fe, NM 87505
Admin: (505) 827-7593 (voice/TDD)
Intake: (800) 552-8195 (voice/TDD, NM only)

NEW YORK
Office of Advocate for Persons with Disablities
One Empire State Plaza, Suite 1001
Albany, NY 12223-1150
Admin: (518) 474-5567 (voice)
(518) 473-4231 (TDD)
Intake: (800) 522-4369 (voice/TDD, NY only)
E-mail: information@oapwd.state.ny.us
URL: http://www.state.ny.us/disabledadvocate/

NORTH CAROLINA
Family Support Network of North Carolina
University of North Carolina, CB#7340
Chapel Hill, NC 27599-7340
Admin: (919) 966-2841 (voice)
Intake: (800) 852-0042 (voice/TDD)
E-mail: cdr@med.unc.edu
URL: http://www.med.unc.edu/commedu/familysu/

NORTH DAKOTA
Center for Persons with Disabilities (NDCPD)
Minot State University
500 University Avenue West
Minot, ND 58705
Admin: (701) 858-3580 (voice/TDD)
Intake: (800) 233-1737 (voice)
E-mail: mack@farside.cc.misu.nodak.edu
URL: http://www.ndcd.org/

OHIO
Help-Me-Grow Helpline
First Link
Department of Health
370 South 5th Street
Columbus, OH 43215
Admin: (614) 644-7580 (voice)
Intake: (800) 755-GROW (755-4769) (voice/TDD, OH only)
E-mail: pparsons@gw.odh.state.oh.us

OKLAHOMA
Oklahoma Areawide Services Information System (OASIS)
Oklahoma University Health Sciences Center
4545 North Lincoln Blvd., Suite 281
Oklahoma City, OK 73105
Admin: (405) 271-6302 (voice/TDD)
Intake: (800) 426-2747 (voice/TDD)
E-mail: oasisok@juno.com
URL: http://oasis.ouhsc.edu/

OREGON
Department of Education
Office of Special Education
225 Capitol Street NE
Salem, OR 97310
Admin and Intake: (503) 378-3598, ext. 651
TDD available upon request

REPUBLIC OF PALAU
Special Education
Department of Education
P.O. Box 189
Koror, PW 96940
Admin and Intake: (680) 488-2537

PENNSYLVANIA
CONNECT Information Service
150 South Progress Avenue
Harrisburg, PA 17109
Admin: (717) 657-5852 (voice)
Intake: (800) 692-7288 (voice/TDD, PA only)

PUERTO RICO
Primeros Pasos
Programa de Infantes con Impedimentos
Division de Servicios de Habilitacion
Secretaria Auxiliar de Medicina
Preventiva y Salud Familier
Departamento de Salud de Puerto Rico
P.O. Box 70184
San Juan, PR 00936-8184
Admin: (787) 274-3301
Intake: (800) 981-8492
(809) 250-4552

RHODE ISLAND
Rhode Island Parent Information Network (RIPIN)
500 Prospect Street
Pawtucket, RI 02860-6260
Admin: (401) 727-4144 (voice)
Intake: (800) 464-3399 (voice, RI only)
Admin and Intake: (401) 727-4151 (TDD)

SOUTH CAROLINA
BabyNet Central Directory
South Carolina Services Information System (SCSIS)
Center for Developmental Disabilities
University of South Carolina School of Medicine
Columbia, SC 29208
Admin: (803) 935-5300 (voice/TDD)
Intake: (800) 922-1107 (voice/TDD)
URL: http://www.cdd.sc.edu/scsis/

SOUTH DAKOTA
Office of Special Education
Department of Education and Cultural Affairs
700 Governors Drive
Pierre, SD 57501
Admin: (605) 773-3678 (voice)
(605) 773-6302 (TDD)
Intake: (800) 529-5000 (voice/TDD, SD only)
E-mail: barbl@deca.state.sd.us

TENNESSEE
Division for Special Education
Department of Education
710 James Robertson Parkway
Nashville, TN 37243-0380
Admin: (615) 741-2851 (voice)
Intake: (800) 852-7157 (voice, TN only)
E-mail: bbledsoe@mail.state.tn.us

TEXAS
Early Childhood Intervention (ECI) Program
ECI Care Line
4900 North Lamar
Austin, TX 78751-2399
Admin: (512) 424-6745 (voice)
(512) 424-6770 (TDD)
Intake: (800) 250-2246 (voice)
(800) 735-2989 (TDD through RELAY Texas)
E-mail: sharris@eci.state.tx.us
URL: http://www.eci.state.tx.us/eci/

UTAH
Access Utah Network
555 East 300 South, Suite 201
Salt Lake City, UT 84102
Admin: (801) 533-INFO (533-4636) (voice/TDD)
Intake: (800) 333-UTAH (voice/TDD)
E-mail: accessut@state.ut.us
URL: http://www.accessut.state.ut.us/

VERMONT
Agency of Human Services
Department of Health
Children with Special Health Needs
P.O. Box 70
Burlington, VT 05402
Admin and Intake: (802) 863-7338 (voice/TDD)
(800) 660-4427 (voice/TDD, VT only)
E-mail: bmccart@vdhvax.vdh.state.vt.us

VIRGIN ISLANDS
"Guide to Services for the Disabled in the USVI"
Infant and Toddler Program
Department of Health
Elaine Co Complex
St. Thomas, VI 00803
Admin and Intake: (809) 777-8804 (voice)

VIRGINIA
First Steps
Department of Rights of Virginians with Disabilities
James Monroe Building
101 North 14th Street, 17th Floor
Richmond, VA 23218
Admin: (804) 371-6592 (voice/TDD)
Intake: (800) 234-1448 (voice/TDD)

WASHINGTON
Healthy Mothers, Healthy Babies Coalition of Washington
300 Elliott Avenue West, Suite 300
Seattle, WA 98119-4118
Admin: (206) 284-2465 (voice)
Intake: (800) 322-2588 (voice/TDD; WA only)
(800) 833-6388 (TDD through RELAY service)

WEST VIRGINIA
Family Matters
P.O. Box 1831
Clarksburg, WV 26302-1831
Admin: (304) 623-6183 (voice/TDD)
Intake: (888) 983-2645 (voice/TDD)
E-mail: wvfamily@msys.net
URL: http://www.msys.net/wvfamily/

WISCONSIN
First Step
Lutheran Hospital-Lacrosse
1910 South Avenue
Lacrosse, WI 54601
Admin: (608) 785-0530, ext. 3600 (voice/TDD)
Intake: (800) 642-7837 (voice/TDD)

WYOMING
Governor's Planning Council on Developmental Disabilities
122 West 25th Street
Herschler Building, 1st Floor West
Cheyenne, WY 82002
Admin: (307) 777-7230 (voice/TDD)
Intake: (800) 438-5791 (voice/TDD)
E-mail: lachte@missc.state.wy.us
URL: http://www.uwyo.edu/hs/wind/wildd/wildd.htm

PART C Updates

SECTION II:

Part C Program Implementation

ISSUE NO.: 8 DATE: DECEMBER 1998

NECTAS notes

Service Coordination Caseloads in State Early Intervention Systems

by
Joicey Hurth

Under the Early Intervention Program for Infants and Toddlers with Disabilities (Part C) of the Individuals with Disabilties Education Act (IDEA), service coordination is defined as :

> . . . the activities carried out by a service coordinator to assist and enable a child eligible under this part and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the State's early intervention program.
> (34 CFR Sec. 303.22(a)(1))

However, neither the federal IDEA statute nor regulations offer guidance on what constitutes a maximum, minimum, or typical caseload for a service coordinator.

In practice, service coordination models and caseloads vary greatly according to the model of service coordination used. The ongoing, supportive, family-centered service coordination described in Part C of IDEA *(see Table 1)* requires lower caseloads than do administrative models in which case managers are mainly determining eligibility and monitoring service provision.

This paper summarizes and provides examples of the models of service coordination in early intervention that the author has identified *(see Table 2)* . The information presented has been provided or reviewed by coordinators of the reporting states' Part C programs. The examples illustrate the variation in policies and practices and are neither inclusive nor exhaustive of all state approaches to service coordination. Implications for best practice are not intended. Indeed, each identified model of service coordination has inherent strengths and weaknesses. Each model's effectiveness depends upon its implementation, its fit with local needs and resources, and its integration with the larger early intervention system.

Continued. . .

National Early Childhood Technical Assistance System
500 NationsBank Plaza • 137 East Franklin Street • Chapel Hill, NC 27514-3628
(919) 962-2001 (phone) • (919) 966-7463 (fax) • (919) 962-8300 (tdd)
E-mail: nectas@unc.edu • URL: http://www.nectas.unc.edu/

Table 1

Sevice Coordination Under the IDEA Regulations for Part C

Sec. 303.22 Service coordination (case management).

(a) General. (1) As used in this part, except in Sec. 303.12(d)(11), service coordination means the activities carried out by a service coordinator to assist and enable a child eligible under this part and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the State's early intervention program.

(2) Each child eligible under this part and the child's family must be provided with one service coordinator who is responsible for—

(i) Coordinating all services across agency lines; and

(ii) Serving as the single point of contact in helping parents to obtain the services and assistance they need.

(3) Service coordination is an active, ongoing process that involves—

(i) Assisting parents of eligible children in gaining access to the early intervention services and other services identified in the individualized family service plan;

(ii) Coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided;

(iii) Facilitating the timely delivery of available services; and

(iv) Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.

(b) Specific service coordination activities. Service coordination activities include—

(1) Coordinating the performance of evaluations and assessments;

(2) Facilitating and participating in the development, review, and evaluation of individualized family service plans;

(3) Assisting families in identifying available service providers;

(4) Coordinating and monitoring the delivery of available services;

(5) Informing families of the availability of advocacy services;

(6) Coordinating with medical and health providers; and

(7) Facilitating the development of a transition plan to preschool services, if appropriate.

(c) Employment and assignment of service coordinators.

(1) Service coordinators may be employed or assigned in any way that is permitted under State law, so long as it is consistent with the requirements of this part.

(2) A State's policies and procedures for implementing the statewide system of early intervention services must be designed and implemented to ensure that service coordinators are able to effectively carry out on an interagency basis the functions and services listed under paragraphs (a) and (b) of this section.

(d) Qualifications of service coordinators. Service coordinators must be persons who, consistent with Sec. 303.344(g), have demonstrated knowledge and understanding about—

(1) Infants and toddlers who are eligible under this part;

(2) Part H of the Act and the regulations in this part; and

(3) The nature and scope of services available under the State's early intervention program, the system of payments for services in the State, and other pertinent information.

(Authority: 20 U.S.C. 1472(2))

Note 1: If States have existing service coordination systems, the States may use or adapt those systems, so long as they are consistent with the requirements of this part.

Note 2: The legislative history of the 1991 amendments to the Act indicates that the use of the term "service coordination" was not intended to affect the authority to seek reimbursement for services provided under Medicaid or any other legislation that makes reference to "case management" services. See H.R. Rep. No. 198, 102d Cong., 1st Sess. 12 (1991); S. Rep. No. 84, 102d Cong., 1st Sess. 20 (1991).

(34 CFR 303)

Dedicated Service Coordination

In this model, "service coordinator" is a personnel category, having only or primarily service coordination responsibilities. Service coordinators can be either employed by or affiliated with early intervention programs, or they can be *independent* of early intervention programs.

North Dakota has a history of providing case management under Developmental Disabilities (DD), the state's lead agency for Part C. Case management ratios are a maximum of 1:60, but in early intervention the average runs 1:40 or 1:45. The DD case manager coordinates family support services and monitors all service delivery. It is important to note that North Dakota families also receive ongoing support from their early intervention *home visitor*, whose caseloads are a maximum ratio of 1:15, with an average of 1:11 used for budgetary purposes.

More states are adopting a *dedicated* service coordinator model. *Indiana* recently developed a dedicated system under Part C, with recommended caseloads of 1:50. In any given month, a service coordinator can bill for 35 children (with a range of number of contacts, 2 to 4/month). The data system used in Indiana allows the state Part C program to monitor caseloads.

Hawai'i has a model with several personnel levels, ranging from supervisory to paraprofessional, and a wide range in caseloads of 1:3 to 1:95, with a median of 1:20.

South Carolina caseloads average 1:45 or 1:50 billable cases. *Misssissippi* has a ratio of 1:50, *Georgia* reports 1:32, and *Alabama* is maintaining a ratio of 1:20 or 1:30. *Tennessee* reports a caseload ratio of 1:40, and *Nebraska*'s ratio is 1:30.

Delaware has both dedicated service coordinators and coordinators who have additional evaluation responsibilities. The service coordinators are hired by the state's Part C lead agency, the Department of Health and Social Services, and, therefore, are *independent* of the early intervention programs, most of which are private providers. Caseloads range between 1:20 and 1:35. Service coordinators with evaluation responsibilities have the lower caseload ratios, and the range indicates flexibility to accommodate families' greater and lesser service coordination needs.

Early Interventionist and Service Coordination

In this model the primary provider of early intervention services also provides service coordination services. The *home visitor/case manager*, with roots in health and mental health services, has provided services to infant and toddlers with (or at risk for) developmental delays since the early 1960s.

Montana's Developmental Disabilities Program has used a home visitor model for early intervention and service coordination for many years. Based on prior experience, in 1988, Montana set 1:16 as a typical ratio for the early intervention, home visitor caseload. Providers negotiate a caseload contract every 2 years, in order to accommodate individual family needs and other variables, such as needing lower caseloads to reach rural remote families. Montana families with children who are medically fragile and families with other complex care needs are served by the state's Intensive Family Education and Support Program (IFESP). (Although there may be overlap in eligibility between the IFESP and the state's Part C program, families usually are served in one program or the other, not both.) The IFESP caseload ratio has been set at 1:8, reflecting the demands of coordinating services for families with intense needs.

Massachusetts and *Maine* both report a typical caseload ratio of 1:15 for their home visitors.

Probably the most common model in early intervention programs is the *multidisciplinary or transdisciplinary team model*, in which each team member has early intervention responsibilities as well as a caseload of families for whom they provide service coordination. Typically, the team member whose discipline most closely matches the child's primary service need is selected as the service coordinator for that family. *Texas* service providers are assigned cases at ratios ranging from 1:14 to 1:18; in *West Virginia* the caseload ratio ranges from 1:15 to a maximum of 1:18.

Project Continuity, an early childhood demonstration and outreach project at the University of Nebraska Medical Center in Omaha, and Child Development Resources (CDR), in Norge, Virginia, have studied the amount of time devoted to service coordination in early intervention and estimate caseload demands in employee full-time equivalents (FTEs). They both cite five to six families as representing a typical load for .20 to .25 FTE, although this does vary with family needs. These projects also reported similar data for the average time spent in service coordination activities for a family each month (Jackson et al., n.d.; C. Alport, personal communication, September 30, 1998). The range is great — from 30 minutes to 9 hours, with an average of approximately 6 hours — both among families and for any one family over time. Cathy Allport, from CDR, reported that family factors related to higher service coordination usage are income-related needs, medical involvement of the child, protective service involvement, and parents with disabilities.

Interagency Service Coordination

Because Part C-eligible families also may be served by other agencies that have service coordination or case management responsibilities, several states have adopted an interagency approach to selecting the person to be designated on the Individualized Family Service Plan (IFSP) as the coordinator of Part C services for a family. Typically, state and/or local interagency agreements assure that eligible infants and toddlers and their families receive service coordination that is in compliance with Part C, regardless of which agency's service coordinator is designated on the IFSP. Involving multiple agencies in service coordination provides for local flexibility and, usually, family choice, but it does present challenges for training and quality assurance.

North Carolina has a state-level interagency agreement for service coordination that involves multiple agency personnel at the local level. Early intervention providers serve as service coordinators for the majority of Part C-eligible children, with a typical caseload ratio of 1:18. It is interesting that early intervention support to children in child care has a lower ratio, 1:10 or 1:12, to allow for more intensive involvement. The Child Service Coordination Program provides dedicated service coordination (with caseloads of 25) for some Part C-eligible children who are also in the state's Smart Start Program. In addition, Department of Health case managers, who typically carry 50 children and families, may serve as the Part C service coordinator for any of their caseload who are Part C eligible.

In *Vermont*, service coordination is community based and any of the various agencies that serve Part C-eligible families may provide service coordination. Community resource parents (the point of entry to the early intervention system) serve the majority of families, and early intervention providers from various regional agencies and school personnel also frequently serve this role. Caseloads and family preference are considered when deciding whether the child and family will remain with an interim coordinator, or will

Table 2
Features of Four Service Coodination Models

Dedicated Service Coordination

- Service coordination responsibilities are primary focus of the role
- Service coordinators may be employed by an early intervention program
- Service coordinators may be independent of early intervention program, i.e., be employed by another agency, program, or project, or by a private provider

Early Interventionist and Service Coordination

- Primary service provider also has service coordination responsibilities
- Home visitor provides both intervention services and service coordination to a given caseload of families
- Trans- or multidisciplinary team — all team members have direct interventionresponsibilities and a selected caseload of families for whom they provide service coordination

Interagency Service Coordination

- Several different agencies may provide service coordination or case management services to Part C-eligible families
- The person to serve as the Part C service coordinator can be selected from the agency most appropriate to the family's needs and wishes
- State and/or local interagency agreements or activities, such as training, assure that service coordination meets Part C requirements.

Interim or Intake Service Coordination

- Single point of entry to early intervention system
- Interim service coordinator, usually dedicated, provides intake services and facilitates all activities during the first 45 days or until the IFSP meeting.
- At the IFSP meeting, interim service coordinators may be appointed as the ongoing service coordinator and continue in this capacity with some families

be assigned to another early interventionist or agency provider. A caseload ratio of 1:20 is typical.

Interim or Intake Service Coordination

Several states have an *interim service coordination model*, in which a single point of entry provides intake services, organizes evaluations, and serves as the service coordinator until the IFSP meeting. Essentially, the interim or intake coordinator facilitates the first 45 days of the family's entry to the early intervention system. Responsibilities may include explaining the early intervention system and Part C procedural safeguards, gathering information from families, coordinating evaluations, arranging financing for services, and connecting to services and supports such as parent networks. Some interim service coordinators may accompany the family to the first IFSP meeting, while others may only arrange to have the appropriate participants present. At the first IFSP meeting, the permanent service coordinator is selected.

Assignment of this permanent or ongoing service coordinator may follow any of the various models or combination of models described above. In *Vermont*, community resource parents and regional interventionists do the intake and may continue with a family or turn them over to an ongoing service coordinator from any one of a number of agencies (see interagency approaches above). Because Medicaid funds much of *Georgia*'s system, its "freedom of choice" requirement is satisfied by allowing families that are Medicaid eligible to choose from a list of all Medicaid-qualified and -enrolled providers of service coordination to select their ongoing service coordinator. Families that are not Medicaid eligible may choose from a list of state-funded and qualified service coordinators.

Caseloads for interim coordinators also vary, in part due to different intake responsibilities. For example, *Indiana* estimates that one interim service coordinator could manage up to 180 families annually. In a state with sliding fee scales or other significant administrative tasks, annual caseloads may be lower. For example, *Georgia* estimates each interim coordinator has responsibilities for 150-160 families annually.

Summary

Each approach to service coordination has inherent strengths and weaknesses. Each has proponents in the early intervention literature; however, there is not an adequate empirical basis for judging which is better or best. This paper does not intend to imply any quality judgments about the models or states listed or not listed above. Rather, it presents examples of various approaches that states have undertaken in developing statewide service coordination in early intervention. As states, service providers, families, and researchers accumulate and share experiences, some quality assurance indicators can be considered across models:

1. Caseloads must be low enough to allow a service coordinator to build a relationship with families and to understand their concerns, priorities, and resources. The service coordinator should be able to configure the IFSP process and to assist in the selection of providers and supports that meet the individual preferences and needs of each family.
2. Flexibility in caseloads is necessary to allow a range of support from intensive contacts to very few, depending on families' needs, desires, and location. Family needs for service coordination vary both among families and with any given family over time. Service coordination needs are likely to be greater at entry to the system, during transitions, (especially transitions at age 3 years), and at times of such acute or critical need as major changes in the health of a family member.
3. Family choice in selecting a service coordinator who can accommodate their needs and preferences is desirable. One family concerned mainly about their child's development may not want to deal with two people, preferring that the primary interventionist serve as the service coordinator. Another family, with health concerns or needing services from a variety of providers, may need a dedicated coordinator who knows the system and the community well. Interim service coordination models provide flexibility and choice. However, interim models can present other problems such as artificially dividing the IFSP process into disjointed steps involving many different people in evaluation, assessment, the IFSP meeting, and ongoing service and support.
4. Experienced family members are working in the service coordinator's role in various models. States

are recruiting parents as dedicated, independent, full-time or part-time service coordinators. Parents sometimes share responsibilities with another designated service coordinator, for example, assuming responsibility for making early contact with a family and serving as their guide through the early intervention process. Contracting on a consultant or fee-for-service basis with individuals allows some systems to better include representatives of different cultures and communities.

5. Training is essential. The greater the number of people, agencies, and programs involved in providing services to a family, the greater the flexibility and choice provided — but the training and administrative challenges also are greater. States must ensure that, no matter who acts as their service coordinator, a family experiences the type of family-centered services, rights, and safeguards that are in compliance with Part C of IDEA. As service coordinators work across agencies and in communities, supervision and other ongoing support strategies, such as mentoring, are extremely important. Adequate supervision is essential in those systems that employ paraprofessional-level coordinators, or recruit coordinators from diverse disciplines who may have widely varied experience, competence, and qualifications.

6. System evaluation, monitoring, and oversight are essential to maximize the system's strengths and correct for problems or inequities. Data is needed about the relationship of caseloads to family experience and outcomes, as well as provider satisfaction, within various system models. At this point there is insufficient empirical information to set an optimal or even a satisfactory caseload standard, although comparing averages and typical loads across states is valuable. We should continue to track and compare information and evaluations across states.

Reference

Jackson, B., Bataillon, K., Bell, J., Dinsmore, J., Finkler, D., Robinson, C., & Kinsey, J. (n.d.). *Case coordination: The Project Continuity model.* (Available from the Department of Special Education, Meyer Rehabilitation Institute, University Hospital, University of Nebraska Medical Center, 600 South 42nd Street, Omaha, NE 68198-5450)

About the Author

Joicey Hurth, Ph.D., is NECTAS Associate Director of of Technical Assistance to early childhood projects, and provides technical assistance regarding service coordination, family-centered services, and procedural safeguards to support the development and enhancement of state service systems..

NECTAS Notes is produced and distributed by the National Early Childhood Technical Assistance System (NECTAS), pursuant to cooperative agreement number H024A-60001-96 with the Office of Special Education Programs, U. S. Department of Education. Grantees undertaking projects under government sponsorship are encouraged to express their judgment in professional and technical matters. Opinions expressed do not necessarily represent the Department of Education's position or policy.

Additional copies of this document are available from NECTAS at cost. A list of currently available NECTAS publications can be viewed at our site on the World Wide Web or requested from the coordinating office. NECTAS is committed to making the information it disseminates fully accessible to all individuals. To acquire this publication in an alternate format, please contact the Publications Coordinator at the coordinating office.

NECTAS is a collaborative system, consisting of the coordinating office in Chapel Hill, North Carolina, with the Center for Disability Studies at the University of Hawai'i at Manoa, Federation for Children with Special Needs, Georgetown University Child Development Center, National Association of State Directors of Special Education, and ZERO TO THREE: National Center for Infants, Toddlers and Families. The coordinating office, a program of the Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill, can be contacted at:

500 NationsBank Plaza, 137 East Franklin St.
Chapel Hill, NC 27514-3628
(919) 962-2001 (voice)
(919) 962-8300 (TDD); Fax: (919) 966-7463
E-mail: nectas@unc.edu
URL: http://ww.nectas.unc.edu/

Principal Investigator: Pascal Trohanis
OSEP Project Officer: Peggy Cvach
Managing Editor: Nancy Guadagno

Mediation in Early Intervention

Results of a National Survey of the Early Intervention Program for Infants and Toddlers With Disabilities in 50 States

by Joicey Hurth
November 1998

A. Procedures for Resolving Individual Child Complaints (*N*=50)

1. The Part C lead agency developed Part C procedures (CFR 303.420 - 303.425) (31 states or 62%)

   AK, AZ, AR, CA, CT, DE, GA, HI, ID, IL[1], KS, MD[1], MA, MI[1], MO[1], MT, NH, NJ, NM, NY, NC, ND, OH, PA, RI, SC, TX, UT, VA, WA, WV

2. The Part C lead agency adopted Part B complaint procedures (CFR 300.506 - 300.512) (19 states or 38%)

   AL, CO[1], FL, IN, IA[1], KY, LA[1], ME[1], MN[1], MS, NE[2], NV, OK[1], OR[1], SD[1], TN[1], VT[2], WI, WY

Notes:

[1] The lead agency for Part C is the state's education department

[2] Part C lead agency responsibilities are jointly held by the state's education department and one or more other departments

B. Sources (Providers) of Mediation Services (*N*=45)[1]

1. State or local mediation offices/centers/organizations (12 states or 27%)

   AR, GA, HI, IA, MI, MN, NE, NY, NC, OK, WI, WV

2. Professional mediators (individuals with prior mediation training and experience) (12 or 27%)

   CO, DE, IN, NJ, NM, PA, TX, UT, VT, VA, WA, WV

3. Part C lead agency personnel (9 states or 20%)

   AL, AR, CT, IL, NH, OH, RI, SD, WY

Note:

[1] States may fall in more than one category

B. Sources (Providers) of Mediation Services, *continued*

4. Individuals knowledgeable in Part C and trained in mediation (16 states or 36%)
   ID, IN, KS, MO, MT, NV, NH, NM, NC, OR, RI, SC, SD, TN, WA, WI

5. Special education (Part B) personnel (5 states or 11%)
   IL, IA, LA, MA, OR

6. State administrative hearing officers (administrative law judges) (7 states or 16%)
   CA, IA, KY, ME, MD, MT, OH

C. Access to Mediation Services (with or without filing a formal child complaint) (*N*=28)

1. Mediation is an option for problem solving before or instead of filing a formal complaint (24 states or 86%)
   AL, AR, CT, DE, FL, HI, ID, IN, ME, MD, MA, MI, MT, NV, NH, NY,
   OR, PA, SC, UT, VT, WA, WI, WV

2. Mediation services are available only after a formal complaint has been filed (4 states or 14%)
   CA, KS, MO, SD

For a more extensive description of mediation in early intervention, please see the following:

Gittler, J., & Hurth, J. (1998). Conflict management in early intervention: Problem-solving negotiation. *Infants & Young Children, 11*(1), 28-36.

Gittler, J., & Hurth, J. (1998). Conflict management in early intervention: Procedural safeguards and mediation. *Infants & Young Children, 11*(1), 15-27

EARLY CHILDHOOD BULLETIN

News by and for Parents and Parent Members of State Interagency Coordinating Councils
Prepared by the Federation for Children with Special Needs
Parent Component Staff of NEC*TAS
November 1997

Enhancing Family Roles in EI Programs

By Barbara K. Popper

NEC*TAS Technical Assistance Consultant
Health Resource and Information Specialist,
Federation for Children with Special Needs, Boston, Massachusetts

Over the years, states have addressed the problem of how to involve a diversity of parents in the activities of their state interagency coordinating councils (ICCs). One strategy has been to provide reimbursement to parents for expenses they incur when participating in meetings and activities related to serving on a state or local ICC. In 1990, a few states were beginning to pay parents' expenses for serving as members of their councils. While these were not salaries, they did represent recognition that parents should not be burdened by the extra costs of their volunteer work because that would limit the ability of interested parents to participate. A report on this practice, "State Support for Parents on Interagency Coordinating Councils," by Martha Gentili, appeared in an issue of the NEC*TAS *Early Childhood Bulletin* (Spring/Summer 1990). Ms. Gentili cited the background for funding parents along with examples and a rationale for paying parents for their time in addition to covering their out of pocket costs. In the past seven years, more states have established policies to do so. This article reflects discussions held at the ICC parent meetings of NEC*TAS meetings in 1995 and 1996 and on subsequent conference calls. It will focus on issues to consider with possible solutions.

Financial support for council work

As parent involvement at the program and policy level for their children becomes more accepted and appreciated, parents have begun to talk about ways in which they are supported in their participation. At NEC*TAS meetings and other informal meetings, parents discuss the difficulties they often face when trying to balance their volunteer commitment with the reality of their lives, including job responsibilities, travel costs and child care expenses. While it is flattering to be invited to participate on task forces and committees such as local and state Interagency Coordinating Councils (ICCs), there are other considerations that confront families. Many employers are now more willing to allow parents to take time off for involvement in their children's schools and early intervention programs. In the spirit of volunteerism, parents can request of employers that they permit them time off to serve as members of committees for their children's programs to help ensure effective services for all children.

Whether parents are using their own time or donated work time, they may incur expenses that would be out of pocket costs of participation. Parking in a downtown area can cost $10-15 for only a few hours. A long drive to a meeting site can mean gas, toll charges and a meal need to be covered. Babysitter charges can bring the cost of the meeting up high enough for parents to think about their family's budget. Asking about reimbursement for expenses, and even for a salary or consultant fee, if not on their employer's time, for time spent at meetings, can be an uncomfortable conversation, especially when parents themselves feel that these activities are volunteer work. Several parents have articulated that while they willingly contribute their time and energy to their tasks, they are not always in a position to absorb the costs of participation. Even when parents begin to think about requesting funds, they aren't always clear about whom to ask. They may also worry that if they do bring up the issue, the invitation to participate might be withdrawn and offered to someone who might not request reimbursement. When expenses are covered for all parents who participate, parent leaders can freely offer to become involved and invite other parents to do so without having to worry about the ability of those parents to pay for expenses. Professionals can also feel free to invite all parents to consider participation with costs reimbursed.

Input from a variety of viewpoints is essential in complex policy discussions. The families serving on LICC or SICC committees should reflect the diversity of families served within the early intervention or preschool service system with respect to income level, ethnicity, gender and age of parents, and diagnosis of child. Realistic reimbursement policies and simple procedures for requesting cost reimbursement help create a level playing field for all families. "Strategies for Recruiting Family Members from Diverse Backgrounds for Roles in Policy and Program Development," by Kim Brame, appeared in *Early Childhood Bulletin* (Summer 1995) and includes very specific suggestions for inviting a wider group of parents to participate.

More and more states are setting policies that will help parents attend meetings and be actively involved in trainings, workshops, and conferences. Costs of gas, tolls, parking, child care, and meals are well recognized as new policies are put into place. Policies vary from state to state, reflecting the particular needs of the region or state. For instance, in Alaska, air fare and hotel costs are covered because parents must travel great distances to meetings. In another state, arrangements are made to cover specialized child care, including nursing care. Often, stipends are offered to cover the cost of child care instead of reimbursement for actual cost. Several states reported that stipends were simpler than paying for actual costs since some children are left with family members who do not charge while others are in day care or nursing care.

Information from parents indicates that there is a wide range in the amount of reimbursement given. Stipends may range from $25/meeting to $150/meeting. These may be in addition to travel and child care costs to show recognition that the time parents spend is valued. Usually stipends are available for formal council meetings and committee meetings, but may not be available for training and conference opportunities. There is no way of knowing whether parents are discouraged from participating if the stipend rates are too low or not available. Currently, the amount of money involved is not enough of an incentive for participation by persons who would not otherwise choose to be involved.

In addition to setting policies about the amount of reimbursement, states must also consider how to provide reimbursement in a timely manner. State governments are seldom able to pay parents quickly and almost never able to advance money to cover expenses incurred that day. Michigan and many other states have used an existing nonprofit agency which promised to pay the parents within the week. New York exempts the reimbursement from being counted as family income so it will not jeopardize the family's eligibility for services. The complexities of parent reimbursement are further discussed in a recent publication by Elizabeth Jeppson and Josie Thomas, *Words of Advice*, from the Institute for Family Centered Care in Bethesda (1997).

Some parents have raised the question of accountability for their involvement. They want to know in advance if they are expected to report back to other parents or file a written report about their meetings. When might one parent be replaced by another who is interested in being supported to attend a conference or statewide meeting? Parents hope that policies will encourage involvement of more parents so that the load can be shared broadly instead of only one or two parents being asked repeatedly to participate or to be speakers. An issue of *Early Childhood Bulletin* (Spring/Summer 1994) addressed this aspect of parent involvement in the article, "Who You Gonna Call?" by Barbara Popper.

Employment as parent staff member

Another facet of the discussion relates to parents who begin to move from the volunteer level with or without limited stipends for their time to one of being paid a salary as a parent consultant or parent advisor for either part- or full-time work. State programs with a focus on children's health are beginning to hire parents as liaisons or consultants to help weave a family perspective into the work of the agency. The person hired may be expected to participate in all facets of work done by the program to assure a parent viewpoint or the employed parent may provide outreach to other parents and develop a parent network. A few other programs hire parents for jobs which do not specify parental expertise, but are often the first contact a parent has with a service program. Clerical staff or van drivers are frequently the first telephone or direct contact for a new family and having someone with the experience of having a child with special needs in that position can be extremely supportive for new families.

A survey of parents employed by Title V Maternal and Child Health funded state programs conducted in 1992 with a follow up in 1994 by the CAPP National Parent Resource Center project indicated that 22 states have already hired parents in part-time positions. For instance, Massachusetts has hired seven parents for their Part H program to provide parent leadership and five regional parents in their statewide Children with Special Health Care Needs (CSHCN) division to provide resource and referral regionally. These parents work as part-time employees, but meet together monthly to exchange information about program changes, upcoming events, ongoing training needs, and their own work experiences. Other states began hiring parents in the mid 1980s. Usually these were parents who had been serving as volunteers on committees and were known to the health departments. Other states advertised the positions and attracted parents not previously known to their professional staff, but often linked to some parent organizations. In most cases these early parent consultants were pioneers and developed their own job description modifying it as their jobs developed.

Once a parent is hired as a consultant, three specific challenges are funding and job security, training and support for the consultant, and adapting to the change in roles once employed. Several parents have been funded by particular grants that then ran out leaving the parent searching for new grants or other support. In some cases the state incorporated the parent position into other ongoing funding as a budget line item. Other parents have found that as states reorganize and downsize, their jobs were cut along with others. There is little job security relying on either grant money or line item jobs these days. Parents interviewed for the CAPP report described a variety of orientation and ongoing training and support available to them. Often a department person served as mentor and a source of support. Other parents received no formal training or orientation. In addition, because the parent is employed because of their parenting and volunteer experience in the system and not necessarily for their previous education or job experiences, evaluation of their work has been a challenge for both the parent consultant and the supervisor. Because the job description is frequently new and evolving, some mentorship from a supportive supervisor is essential. As parents move from a position of volunteer or family advocate to that of paid employment, other issues need to be considered. Is there any involvement the parent would have to give up to be part of the program? Being the officer of a parent advocacy organization would not be a good idea when working for the state. Other officers could continue to speak freely for the organization, but the parent employed by the program would have to give up the leadership role in the organization. Parents would also need information about other limitations that might be placed on state workers.

There are other considerations to being part of an official state program. The employed parent may feel separated from other parents. Keeping in touch with a constituency is essential. Some of the constituents might keep their distance while others expect more than the usual amount of support since the parent consultant is paid to be available. There are parallels in relationships to the professionals employed by state agencies. Some will accept the parent consultant as a fellow worker, and inspiration, while others might consider the parent an outsider without real credentials. All these reactions were among those reported in the CAPP survey of parents employed by state health departments and the state officials supervising them.

Conclusion

The amount of interest in this topic continues to be impressive. Evidence includes the CAPP report, the publications *Essential Allies: Families as Advisors* and the follow-up *Words of Advice* from the Institute for Family-Centered Care, as well as meetings of parents at NEC*TAS and the recent meeting of employed parents at the Association of Maternal and Child Health (AMCHP) Programs annual conference. Families now have growing evidence and experience to help them determine the range of roles they can play from volunteer with support from their employer for time spent; volunteer receiving a stipend or consultant fee; or staff member of the program as a paid part- or full-time parent consultant. There are now many parents with experience to seek out for advice and support. At some point, a new association devoted to the needs of employed parents may be created so that parents across the country, even one serving as a program's lone parent consultant, would have a peer group with whom to share experiences.

References

Anderson, B., Popper, B., & Wells, N. (1995) *Family Employment in State Title V Programs: Conference Proceedings and Survey Report*. Boston: Federation for Children with Special Needs

Brame, K. (Spring/Summer 1995) Strategies for Recruiting Family Members from Diverse Backgrounds for Roles in Policy and Program Development. *Early Childhood Bulletin*

Gentili, M. (Spring/Summer 1990) State Support for Parents on ICCs. *Early Childhood Bulletin*

Jeppson, E., & Thomas, J., (1995) *Essential Allies: Families as Advisers*. Bethesda: Institute for Family Centered Care

Jeppson, E., & Thomas, J., (1977) *Words of Advice*. Bethesda: Institute for Family Centered Care,

Popper, B., (Spring/Summer 1994) Who You Gonna Call?. *Early Childhood Bulletin*

Shackleford, J., (1997) *State ICC Overview*. Chapel Hill: NEC*TAS

Wells, N., Anderson B., & Popper, B. (1993) *Families in Program and Policy: Report of a 1992 Survey of Family Participation*. Boston: Federation for Children with Special Needs, Boston

*For additional information regarding specific guidelines for each state, refer to State ICC Overview, NEC*TAS, 1997, edited by Jo Shackleford*

This bulletin is prepared by the staff of the Federation for Children with Special Needs who participate in the National Early Childhood Technical Assistance System (NEC*TAS), which is funded through the U.S. Department of Education's Office for Special Education Programs (OSEP), Early Education Program for Children with Disabilities, under cooperative agreement #H024A-60001-97 awarded to the Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill. Grantees undertaking such projects under government sponsorship are encouraged to express their judgement in professional and technical matters. Points of view or opinions, therefore, do not necessarily represent the Education Department's position or policy.

DRAFT

The TAP Bulletin

a publication of the RESNA Technical Assistance Project

December 1998

USE OF ASSISTIVE TECHNOLOGY INCREASES AMONG INFANTS AND TODDLERS

Currently, over 177,000 infants and toddlers receive services under Part C (formerly Part H) of the Individuals with Disabilities Education Act (IDEA). Of these, 9, 274 children, 0 to 2 years old, receive assistive technology (AT) devices and services. The number of very young children using assistive technology has increased dramatically over the past four years.

The federal government tracks AT services through its annual state data collection activities. In 1992, 5,861 infants and toddlers received AT devices and services. In 1993, the number of children increased to 6,678, and by 1994, the number had risen to 7,352. In 1995, there were 9,274 children receiving AT devices and services. This is a 58% increase in children receiving services and devices over the four year period. The increase is not due to a rise in the total Part C population, which increased only 24% during the same time period. (See Table 1.)

The increase may be due in part to the activities of State Tech Act Projects, as they have been active in promoting the use of assistive technology for the very young and they have also worked to build the capacity of the states to provide assistive technology services under Part C.

Services to infants and toddlers with disabilities were mandated under IDEA in 1986. However states could phase in these services over a number of years, with full implementation by 1994. Besides assistive technology devices and services, states provide a variety of other services to children birth to 2 years old, such as special education; physical therapy; nutrition services; audiology; nursing services; speech-language pathology; family training, counseling and home visits; and vision services.

Table 1. Increase in Assistive Technology Devices and Services for Infants and Toddlers

Year	Birth to 2 Population Receiving Any Early Intervention Services	Birth to 2 Population Receiving AT Devices and Services
1992	143,392	5,861
1993	154,065	6,678
1994	165,253	7,352
1995	177,734	9,274

Increase in AT Services to Very Young

Data from 38 states show an increase in the number of infants and toddlers who received services and devices from 1992 to 1995. Ten states show a decrease in the number of children provided devices and services and 8 states show no change in the number of children receiving AT. Table 2 provides data for each state.

Some states show consistent steady growth in the number of very young children receiving services, such as Kansas, Ohio, Texas and West Virginia. Other states show a tremendous gain in numbers of children over the last two years, due primarily to phased in implementation of Part C. Up until 1994, some states were still phasing in implementation of services and were not necessarily providing all services delineated under Part C.

However, there are several cautions that need to be noted when reviewing these data. Early data collection efforts, particularly in 1992 and 1993 were incomplete, because some states had not elected to

Reprinted with permission from the
Rehabilitation Engineering and Assistive Technology Society of North America (RESNA).

implement Part C provisions fully. Data have also been subject to changes in reporting procedures by several states. Some states were not able to gather unduplicated counts of infants and toddlers, particularly in 1992 and 1993. Thus some states have wide fluctuations in their yearly totals, such as in Oregon and New Jersey.

Some states changed what assistive technology devices were actually counted. For example, Arkansas added developmental toys to the list of devices that were counted under the assistive technology category. Other states were not able to report data on assistive technology devices and services and are only now making changes to their data systems, such as New Hampshire and Massachusetts.

Variety of Assistive Technology Devices Used

Infants and toddlers use a variety of assistive technology devices. Battery operated toys are often adapted with easy-to-access switches that allow a very young child to control the actions of the toy. These adapted toys help the child learn the basic concept of cause and effect. Seating and positioning systems provide support and guide the growth of a child's body. They also allow the child to move about in his or her environment. Computers and alternate access aids, such as large key pads and touch screens, can help children use software that develops communication, perceptual, and fine motor skills and many other skills.

There are several sources for acquiring assistive technology devices for infants and toddlers. Devices may be purchased through Medicaid's early periodic screening, diagnostic, and treatment (EPSDT) program; through the child's individualized family service plan (IFSP) under the Individuals with Disabilities Education Act (IDEA); and through private insurance. Parents may purchase devices directly or use monetary donations from various nonprofit sources. Parents may borrow money from financial loan programs being established around the country to buy assistive technology devices. Devices may also be borrowed from local and state equipment loan programs. Devices are loaned for a period of time and then returned as the child grows out of the device or the device is no longer needed.

Tech Act Projects Encourage Use of AT

Tech Act projects have actively encouraged the use of assistive technology by very young children. They have increased awareness among parents and professionals about assistive technology and they have opened up access to devices and services.

For example, the Assistive Technology for Kansans Project, in collaboration with the Kansas Infant-Toddler Service, established an equipment loan program that serves very young children. Parents can borrow devices for a six month trial used. At the end of that time, families are assisted in finding funding for the equipment they want to continue to use. Or, if no other child is waiting for the equipment, the family may keep it for a longer loan period.

Clinicians are also allowed to borrow devices to conduct child assessments and allow the family to try out a device prior to purchase. This has been such a popular program that the catalog of equipment to loan is now on a web page so borrowers may request devices electronically. The Tech Act project offers regional training on assistive technology subjects. Topics are determined by requests from families and local infant toddler providers.

The Kansas Tech Act project collaborated with the state's Infant-Toddler Services to establish clear policies and procedures to ensure that very young children in the state receive proper assistive technology evaluations. Approximately 100 infants and toddlers receive evaluations, training, and equipment annually.

The West Virginia Assistive Technology System (WVATS) has concentrated on a number of initiatives that have promoted a greater use of assistive technology in the state for infants and toddlers. The project fostered the development of a pilot equipment loan program, similar to the one in

Kansas but on a smaller scale, so that devices can be borrowed for use and returned when the child no longer needs them or grows out of them. WVATS has worked with the state early intervention services to develop a state certification for early interventionists that includes competencies in assistive technology as a requirement. This will ensure that early interventionists in the state have the knowledge and skills needed to use assistive technology with the very young in their programs.

With other state agencies, WVATS co-sponsors a yearly hands-on summer camp that features assistive technology. Camp Gizmo, as it is called, is for young children, ages birth to 5, and the team of family members, educators, and clinicians who work with each child. Approximately 50 parents and professionals attend each year. At the Camp, team members develop knowledge and strategies that they will be able to use in their home communities. Workshops are conducted on augmentative communication, positioning and mobility, computer adaptations, funding and advocacy issues. Workshop participants have the opportunity to making low cost adaptations tailored to their children's needs and take them home with them.

Summary

The total number of children receiving assistive technology devices and services nationwide is perhaps the most significant number to study when looking at Part C provision of assistive technology devices and services and the impact it is having on very young children.

Data collection is being refined. It has been a challenge for states to design an interagency data collection system that captures accurate counts of infants and toddlers receiving services. As states refine and standardize their systems, individual state data will become more useful for comparative studies. Also since there is a three year interval between data collection at the state level and reporting efforts at the federal level, outcomes of efforts by Tech Act projects and other state agencies may not be seen in data tables for several years.

Thus these data provide only a starting point to examine state response to the need for assistive technology devices and services of infants and toddlers.

References

U.S. Department of Education. (1995). *Implementation of The Individuals with Disabilities Education Act, Seventeenth Annual Report to Congress.*. Washington, DC: U.S. Department of Education.

U.S. Department of Education. (1996). *Implementation of The Individuals with Disabilities Education Act, Eighteenth Annual Report to Congress.* Washington, DC: U.S. Department of Education.

U.S. Department of Education. (1997). *Implementation of The Individuals with Disabilities Education Act, Nineteenth Annual Report to Congress.* Washington, DC: U.S. Department of Education.

U.S. Department of Education. (1998). *Implementation of The Individuals with Disabilities Education Act, Twentieth Annual Report to Congress.* Washington, DC: U.S. Department of Education.

Table 2. Infants and Toddlers Receiving Services under IDEA

State	Receiving Any Early Intervention Services 1992(a)	Receiving AT Devices/ Services 1992	Receiving Any Early Intervention Services 1993(a)	Receiving AT Devices/ Services 1993	Receiving Any Early Intervention Services 1994	Receiving AT Devices/ Services 1994	Receiving Any Early Intervention Services 1995	Receiving AT Devices/ Services 1995
Alabama	988	68	1,194	61	1.302	117	1,328	104
Alaska	600	0	605		390		432	1
Arizona	1,848	14	1,635	43	1,471	17	1,599	15
Arkansas	1,437	60	1,958	135	1,642	307	2,175	263
California	11,821	93	15,465	128	19,471	187	18,119	1,842
Colorado	3,198	1,974	3,325	1,737	3,459	987	3,917	264
Connecticut	1,887	52	1,266	27	1,903	182	2,426	195
Delaware	942	28	983	44	1,277	64	1,388	64
District of Columbia	672	75	1,054		204	106	440	16
Florida	5,082	225	9,460	0	7,115	178	10,771	271
Georgia	2,470		2,892		3,239	592	3,472	191
Hawaii	3,226	66	3,646	110	3,883	121	3,874	52
Idaho	638	0	764	0	869	82	845	94
Illinois	6,417	136	7,513	237	7,937	292	8,029	362
Indiana	3,194	147	4,242	113	4,138	99	4,188	149
Iowa	914	0	969	0	1,006	14	962	12
Kansas	847	139	1,016	157	1,200	159	1,429	267
Kentucky	949	0	978	127	1,334	116	1,637	212
Louisiana	2,106	14	2,383	58	2,633	85	2,245	64
Maine	756	26	756	26	475	28	849	28
Maryland	3,107	269	3,356	2	3,794	5	3,695	8
Massachusetts	12,842	0	7,197		8,114		8,484	
Michigan	3,131	104	3,462	22	3,598	51	4,384	116
Minnesota	2,353		2,436		2,567		2,622	
Mississippi	441	14	214	80	422	24	716	21
Missouri	2,808	7	2,087	7	2,322	96	2,408	291

DRAFT

State	Receiving Any Early Intervention Services 1992(a)	Receiving AT Devices/ Services 1992	Receiving Any Early Intervention Services 1993(a)	Receiving AT Devices/ Services 1993	Receiving Any Early Intervention Services 1994	Receiving AT Devices/ Services 1994	Receiving Any Early Intervention Services 1995	Receiving AT Devices/ Services 1995
Montana	330	55	402	54	482	50	512	47
Nebraska	667	27	722	89	736	91	725	59
Nevada	645	119	596	22	728	22	841	22
New Hampshire	1,313	0	680		792		1,013	
New Jersey	2,535	0	2,833	410	3,010	300	3,407	59
New Mexico	1,082	66	1,017	174	1,480	109	1,747	140
New York	3,730	421	5,914	339	9,461	168	13,317	248
North Carolina	7,053	2	7,096		5,997	64	4,336	297
North Dakota	233	36	195	43	210	36	265	49
Ohio	11,394	0	13,945	93	16,056	93	15,205	177
Oklahoma	1,216	0	1,460	1	1,687	0	1,767	0
Oregon	1,322	0	1,271	291	1,256	39	1,479	41
Pennsylvania	5,883	73	6,227	204	6,349	100	6,845	95
Puerto Rico	4,716	9	4,325	1	4,183	1	4,793	30
Rhode Island	976	2	672	17	801	49	976	53
South Carolina	1,373	0	1,399	4	1,591	18	1,897	57
South Dakota	260	7	302	22	359	26	376	7
Tennessee	3,301	275	3,437	310	3,156	277	3,156	172
Texas	8,212	708	8,798	903	9,470	1,060	10,078	1,723
Utah	1,391	20	1,494	3	1,560	100	2,064	98
Vermont	256	5	173	5	314	10	341	5
Virginia	4,193	107	2,614	127	2,086	82	2,226	57
Washington	2,330	1	2,506	2	2,242	106	1,961	272
West Virginia	1,208	213	1,509	265	1,538	372	1,664	451
Wisconsin	2,493	199	2,998	168	3,321	251	3,616	183
Wyoming	433	1	427	6	423	6	434	22
American Samoa	15	4	0	3	35	2	40	5
Guam	89	0	104	8	134	10	114	0

DRAFT

State	Receiving Any Early Interven-tion Services 1992(a)	Receiving AT Devices/ Services 1992	Receiving Any Early Interven-tion Services 1993(a)	Receiving AT Devices/ Services 1993	Receiving Any Early Interven-tion Services 1994	Receiving AT Devices/ Services 1994	Receiving Any Early Interven-tion Services 1995	Receiving AT Devices/ Services 1995
Northern Marianas	61	0	88	0	31	8	44	3
Virgin Islands	0		0			2	56	
US and Outlying Areas	143,392	5,861	154,065	6,678	165,253	7,352	177,734	9,274
50 States, DC, and PR	138,493	5,857	153,868	6,667	165,053	7,330	177,475	9,266

(a) Counts of infants and toddlers served prior to 1994-95 include infants and toddlers served under Chapter 1 Handicapped Program.

This bulletin is available upon request in alternative formats
703/524-6686 (Voice), 703/524-6639 (TDD)

The RESNA Technical Assistance Project, Grant #HN92031001, is an activity funded by the National Institute on Disability and Rehabilitation Research (NIDRR), U. S. Department of Education (ED) under the Technology-Related Assistance for Individuals with Disabilities Act of 1988, as amended. The information contained herein does not necessarily reflect the position or policy of NIDRR/ED or RESNA and no official endorsement of the materials should be inferred.

Produced by the RESNA Technical Assistance Project, 1700 North Moore Street, Suite 1540, Arlington, VA 22209
703/524-6686 (V), 703/524-6639 (TDD), 703/524-6630 (Fax), http://www.resna.org/hometa1.htm, resnata@resna.org

RESNA

RESNA Technical Assistance Project
Suite 1540, 1700 N. Moore Street, Arlington, VA 22209-1903
703/524-6686, Fax: 703/524-6630, TTY: 703/524-6639

States Funded Under the *Technology-Related Assistance For Individuals With Disabilities Act of 1988,* as Amended and Administered by the NATIONAL INSTITUTE ON DISABILITY AND REHABILITATION RESEARCH

ALABAMA STATEWIDE TECHNOLOGY ACCESS AND RESPONSE PROJECT (STAR) SYSTEM FOR ALABAMIANS WITH DISABILITIES (1993)
2125 East South Boulevard
P.O. Box 20752
Montgomery, AL 36120-0752
Project Director: Dr. Tom Gannaway
Phone: (334) 613-3480
Phone: (800) STAR656 (In-State)
TDDL (334) 613-3519
FAX: (334) 613-3485
E-mail: jbanks@rehab.state.al.us
Homepage: http://www.rehab.state.al.us/star

ASSISTIVE TECHNOLOGIES OF ALASKA (1990)
1016 West 6th
Suite 200
Anchorage, AK 99501
Information and Referral: Rose Foster; (907) 563-0138 (V/TDD)
Acting Program Director: Kathe Matrone
Phone: (907) 269-3569 (V/TDD)
FAX: (907) 269-3632
E-mail: kathe_matrone@educ.state.ak.us
Homepage: http://www.corecom.net/ATA/

AMERICAN SAMOA ASSISTIVE TECHNOLOGY SERVICE PROJECT (ASATS) (1993)
Division of Vocational Rehabilitation
Department of Human Resources
Pago Pago, American Samoa 96799
Project Director: Edmund Pereira
Phone: (684) 699-1529
TDD: (684) 233-7874
FAX: (684) 699-1376

ARIZONA TECHNOLOGY ACCESS PROGRAM (AZTAP) (1994)
Institute for Human Development
Northern Arizona University
P.O. Box 5630
Flagstaff, AZ 86011
Information and Referral: ElizBeth Pifer
Director: Daniel Davidson, Ph.D.
Phone: (520) 523-7035
TDD: (520) 523-1695
FAX: (520) 523-9127
E-mail: daniel.davidson@nau.edu
Homepage: http://www.nau.edu/~ihd/aztap.html

ARKANSAS INCREASING CAPABILITIES ACCESS NETWORK (ICAN) (1989)
Arkansas Department of Workforce Education
Arkansas Rehabilitation Services
2201 Brookwood Drive, Suite 117
Little Rock, AR 72202
Project Director: Sue Gaskin
Phone: (501) 666-8868 (V/TDD)
Phone: (800) 828-2799 (V/TDD; In-State)
FAX: (501) 666-5319
E-mail: sgaskin@compuserve.com
Homepage: http://www.arkansas-ican.org

CALIFORNIA ASSISTIVE TECHNOLOGY SYSTEM (1993)
California Department of Rehabilitation
2000 Evergreen
Sacramento, CA 95815
Mailing Address:
P.O. Box 944222
Sacramento, CA 94244-2220
Information and Referral: Colin Corby
Project Director: William Campagna
Phone: (916) 263-8687
TTY: (916) 263-8685
FAX: (916) 263-8683
E-mail: ccorby@rehab.cahwnet.gov
Homepage: http://www.catsca.com

COLORADO ASSISTIVE TECHNOLOGY PROJECT (1989)
University of Colorado Health Sciences Center
Colorado University Affiliated Program
The Pavilion, A036/B140
1919 Ogden Street, 2nd Floor
Denver, CO 80218
Project Director: Cathy Bodine
Phone: (303) 864-5100
TDD: (303) 864-5110
FAX: (303) 864-5119
E-mail: cathy.bodine@UCHSC.edu

CONNECTICUT ASSISTIVE TECHNOLOGY PROJECT (1992)
Department of Social Services, BRS
25 Sigourney St., 11th Floor
Hartford, CT 06106
Project Director: John M. Ficarro
Phone: (860) 424-4881
Phone: (800) 537-2549 (In-State)
TDD: (860) 424-4839
FAX: (860) 424-4850
E-mail: cttap@aol.com
Homepage:
http://www.ucc.uconn.edu/~techact/

DELAWARE ASSISTIVE TECHNOLOGY INITIATIVE (DATI) (1991)
Center for Applied Science & Engineering
University of Delaware/duPont Hospital for Children
1600 Rockland Road, Room 117E
P.O. Box 269
Wilmington, DE 19899-0269
Director: Beth A. Mineo Mollica, Ph.D.
Phone: (302) 651-6790
Phone: (800) 870 DATI (3284) (In-State)
TDD: (302) 651-6794
FAX: (302) 651-6793
E-mail: dati@asel.udel.edu
Homepage: http://www.asel.udel.edu/dati/

UNIVERSITY LEGAL SERVICES AT PROGRAM FOR THE DISTRICT OF COLUMBIA (1993)
Information Specialist: Alex Lugo
Program Manager: Alicia C. Johns
300 I Street, NE, Suite 200
Washington, DC 20002
Phone: (202) 547-0198
TDD: (202) 547-2657
Fax: (202) 547-2662
Email: ajohns@ULS-DC.com

FLORIDA ALLIANCE FOR ASSISTIVE SERVICE AND TECHNOLOGY (1992)
1020 E. Lafayette St., Suite 110
Tallahassee, FL 32301-4546
Project Director: Terry Ward
Phone: (850) 487-3278 (V/TDD)
FAX/TDD: (850) 487-2805
E-mail: faast@faast.org
Homepage: http://faast.org

GEORGIA TOOLS FOR LIFE (1991)
Division of Rehabilitation Services
2 Peachtree Street NW, Suite 35-413
Atlanta, GA 30303-3166
Project Director: Joy Kniskern
Phone: (404) 657-3084
Phone: (800) 479-8665 (In-State)

TDD: (404) 657-3085
FAX: (404) 657-3086
E-mail: 102476.1737@compuserve.com
Homepage: http://www.gatfl.org

GUAM SYSTEM FOR ASSISTIVE TECHNOLOGY (GSAT) (1994)

University Affiliated Program-Developmental Disabilities
303 University Drive
University of Guam
UOG Station
Mangilao, Guam 96923
Principal Investigator: Heidi E. Farra-San Nicolas, Ph.D.
Project Director: Ben Servino
Phone: (671) 735-2490-3
TDD: (671) 734-8378
FAX: (671) 734-5709
E-mail: gsat@ite.net
Homepage: http://uog2.uog.edu/uap/gsat.html

HAWAII ASSISTIVE TECHNOLOGY TRAINING AND SERVICES (HATTS) (1991)

414 Kuwili Street, Suite 104
Honolulu, HI 96817
Information and Resource: Judith Clark, (808) 532-7114
Project Director: Barbara Fischlowitz-Leong, M.Ed.
Phone: (808) 532-7110 (V/TDD)
Phone: (800) 645-3007 (V/TDD, In-State)
FAX: (808) 532-7120
E-mail: bfl@pixi.com
Homepage: http://www.hatts.org

IDAHO ASSISTIVE TECHNOLOGY PROJECT (1992)

129 W. Third Street
Moscow, ID 83844-4401
Information and Referral: Michelle Doty, (208) 885-3630
Project Director: Ron Seiler
Phone: (208) 885-3559 (V/TDD)
FAX: (208) 885-3628
E-mail: seile861@uidaho.edu
Homepage: http://www.ets.uidaho.edu

ILLINOIS ASSISTIVE TECHNOLOGY PROJECT (1989)

1 W. Old State Capitol Plaza
Suite 100
Springfield, IL 62701
Project Director: Wilhelmina Gunther
Phone: (217) 522-7985
TDD: (217) 522-9966
FAX: (217) 522-8067
E-mail: gunther @midwest.net
Homepage: http://www.iltech.org

INDIANA ATTAIN (ACCESSING TECHNOLOGY THROUGH AWARENESS IN INDIANA) PROJECT (1990)

1002 North First
Vincennes University,
Social Sciences Building
Vincennes, IN 47591
Project Manager: Cris Fulford
Phone: (317) 921-8766
Phone: (800) 528-8246 (In-State)
TDD: (800) 743-3333 (National)
FAX: (317) 921-8774
E-mail: cfulford@indian.vinu.edu

IOWA PROGRAM FOR ASSISTIVE TECHNOLOGY (1990)

Iowa University Affiliated Program
University Hospital School
100 Hawkins Drive
Iowa City, IA 52242-1011
Information and Referral: Amy Hanna; (319) 356-1514
Co-Directors: Mary Quigley, (319) 356-4402
Jane Gay, (319) 356-4463
Phone: (800) 331-3027 (V/TDD; National)
FAX: (319) 356-8284
E-mail: mary-quigley@uiowa.edu
jane-gay@uiowa.edu
Homepage: http://www.uiowa.edu/infotech

ASSISTIVE TECHNOLOGY FOR KANSANS PROJECT (1993)

2601 Gabriel
P.O. Box 738
Parsons, KS 67357
Project Director: Charles R. Spellman
Phone: (316) 421-6550 ext. 1890
E-mail: chuck@parsons.lsi.ukans.edu
Co-Director: Sara Sack
Project Coordinator: Sheila Simmons
Phone: (316) 421-8367
Phone: (800) KAN DO IT
FAX/TDD: (316) 421-0954
E-mail: ssack@parsons.isi.ukans.edu
Homepage: http://atk.lsi.ukans.edu

KENTUCKY ASSISTIVE TECHNOLOGY SERVICES NETWORK (1989)

Charles McDowell Rehabilitation Center
8412 Westport Road
Louisville, KY 40242
Information and Referral: Jim Syme
Project Director: J. Chase Forrester
Phone: (502) 327-0022
Phone: (800) 327-5287 (V/TDD, In-State)
FAX: (502) 327-9974
TDD: (502) 327-9855
E-mail: katsnet@iglou.com
Homepage: http://www.katsnet.org

LOUISIANA ASSISTIVE TECHNOLOGY ACCESS NETWORK (1991)

P.O. Box 14115
Baton Rouge, LA 70898-4115
Executive Director: Julie Nesbit
Phone: (504) 925-9500 (V/TDD)
Phone: (800) 270-6185 (V/TDD)
FAX: (504) 925-9560
E-mail: latanstate@aol.com
Homepage: http://www.latan.org

MAINE CONSUMER INFORMATION AND TECHNOLOGY TRAINING EXCHANGE (MAINE CITE) (1989)

Maine CITE Coordinating Center
UMS Network for Ed. & Tech. Services
46 University Drive
Augusta, ME 04330
Project Director: Kathy Powers
Phone: (207) 621-3195 (V/TDD)
FAX: (207) 621-3193
E-mail: kpowers@maine.maine.edu

MARYLAND TECHNOLOGY ASSISTANCE PROGRAM (1989)

Governor's Office for Individuals with Disabilities
300 W. Lexington Street, Box 10
Baltimore, MD 21201
Information Specialist :Patrick McCurdy
Project Director: Paul Rasinski
Phone: (410) 333-4975 (V/TDD)
FAX: (410) 333-6674
E-mail: rasinski@clark.net
Homepage: http://www.mdtap.org

MASSACHUSETTS ASSISTIVE TECHNOLOGY PARTNERSHIP (1990)

MATP Center
Children's Hospital
1295 Boylston Street, Suite 310
Boston, MA 02115
Information and Referral: Patricia Hill
Project Director: Marylyn Howe;
(617) 355-7167 (TDD)
Phone: (800) 848-8867 (V/TDD, In-State)
Phone: (617) 355-7153
TDD: (617) 355-7301
FAX: (617) 355-6345
E-mail: howe_m@a1.tch.harvard.edu
Homepage: http://www.matp.org

MICHIGAN TECH 2000 (1992)

Michigan Assistive Technology Project
740 W. Lake Lansing, Rd., Suite 400
East Lansing, MI 48823
Project Director: Sheryl Avery-Meints

Project Manager: Roanne Chaney
Phone: (517) 333-2477 (V/TDD)
Phone: (800) 760-4600 (In-State)
FAX: (517) 333-2677
E-mail: roanne@match.org
Homepage: `http://www.discoalition.org`

MINNESOTA STAR PROGRAM (1989)

300 Centennial Building
658 Cedar Street
St. Paul, MN 55155
Executive Director: Rachel Wobschall
Phone: (800) 657-3862 (In-State)
Phone: (651) 296-2771
TDD: (651) 296-8478
FAX: (651) 282-6671
E-mail: rachel.wobschall@state.mn.us
Homepage:
http://www.state.mn.us/ebranch/admin/assistivetechnology.html

MISSISSIPPI PROJECT START (1990)

P.O. Box 1698
Jackson, MS 39215-1000
Information and Referral: Albert Newsome;
(601) 987-4872
Project Director: Stephen Power;
(601 987-4872
Phone: (800) 852-8328 (V/TDD; In-State)
FAX: (601) 364-2349
E-mail: spower@netdoor.com

MISSOURI ASSISTIVE TECHNOLOGY PROJECT (1991)

4731 South Cochise, Suite 114
Independence, MO 64055-6975
Project Director: Diane Golden, Ph.D.
Phone: (800) 647-8557 (In-State)
Phone: (816) 373-5193
TDD: (816) 373-9315
FAX: (816) 373-9314
E-mail: matpmo@qni.com
Homepage:
http://www.dolir.state.mo.us/matp/

MONTECH (1991)

Rural Institute on Disabilities
The University of Montana
634 Eddy Avenue
Missoula, MT 59812
Project Director: Gail McGregor
Phone: (406) 243-5676
TDD: (800) 732-0323 (National)
FAX: (406) 243-4730
E-mail: montech@selway.umt.edu
Homepage: http://www.rudi.montech.umt.edu/

NEBRASKA ASSISTIVE TECHNOLOGY PARTNERSHIP (1989)

5143 South 48th Street
Suite C
Lincoln, NE 68516-2204
Information and Referral: Kathryn Kruse
Project Director: Mark Schultz;
(402) 471-0735 (V/TDD)
Phone: (402) 471-0734 (V/TDD)
Phone: (888) 806-6287 (In-State)
FAX: (402) 471-6052
E-mail: mschultz@nde4.nde.state.ne.us
Homepage: http://www.nde.state.ne.us/ATPTECHome.html

NEVADA ASSISTIVE TECHNOLOGY COLLABORATIVE (1990)

Rehabilitation Division
Community Based Services
711 South Stewart Street
Carson City, NV 89710
Project Administrator: Donny Loux
Phone: (702) 687-4452
TDD: (702) 687-3388
FAX: (702) 687-3292
E-mail: pgowins@govmail.state.nv.us
Homepage: http://www.state.nv.us.80

NEW HAMPSHIRE TECHNOLOGY PARTNERSHIP PROJECT (1991)
Institute on Disability/UAP
#14 Ten Ferry Street
The Concord Center
Concord, NH 03301
Project Director: Jan Nisbet, (603) 862-4320
Co-Project Director: Therese Willkomm,
(603) 528-3060
Project Coordinator: Marion Pawlek
Phone: (603) 224-0630 (V/TDD)
Phone: (800) 427-3338 (In-State)
FAX: (603) 226-0389
E-mail: mjpawlek@christa.unh.edu
Homepage:
http://www.iod.unh.edu/projects/spd.htm

NEW JERSEY TECHNOLOGY ASSISTIVE RESOURCE PROGRAM (TARP) (1992)
New Jersey Protection and Advocacy, Inc.
210 South Broad Street, 3rd Floor
Trenton, NJ 08608
Project Director: Ellen Lence;
(609) 777-0945
Program Manager: Tim Montagano;
(609) 292-7498
Lav42prg@concentric.net
Phone: (800) 342-5832 (In-State)
TDD: (609) 633-7106
FAX: (609) 777-0187
E-mail: packr@njpanda.org
Homepage: http://www.njpanda.org

NEW MEXICO TECHNOLOGY ASSISTANCE PROGRAM (1990)
435 St. Michael's Drive, Building D
Santa Fe, NM 87505
Information and Referral: Carol Cadena
Project Director: Alan Klaus
Phone: (800) 866- 2253
Phone/TDD: (505) 954-8539
FAX: (505) 954-8562
E-mail: nmdvrtap@aol.com

NEW YORK STATE TRAID PROJECT (1990)
Office of Advocate for Persons with Disabilities
One Empire State Plaza, Suite 1001
Albany, NY 12223-1150
Project Director: Deborah Buck;
(518) 474-2825
Phone: (800) 522-4369 (V/TDD; In-State)
TDD: (518) 473-4231
FAX: (518) 473-6005
E-mail: leffingw@emi.com
Homepage:
http://www.state.ny.us/disabledadvocate/technlog.htm

NORTH CAROLINA ASSISTIVE TECHNOLOGY PROJECT (1990)
Department of Health and Human Services
Division of Vocational Rehabilitation Services
1110 Navaho Drive, Suite 101
Raleigh, NC 27609-7322
Project Director: Ricki Cook
Phone: (919) 850-2787 (V/TDD)
FAX: (919) 850-2792
E-mail: rickic@mindspring.com
Homepage:
http://www.mindspring.com/~ncatp

NORTH DAKOTA INTERAGENCY PROGRAM FOR ASSISTIVE TECHNOLOGY (IPAT) (1993)
P.O. Box 743
Cavalier, ND 58220
Director: Judie Lee
Phone: (701) 265-4807 (V/TDD)
FAX: (701) 265-3150
E-mail: lee@pioneer.state.nd.us
Homepage: http://www.ndipat.org

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS ASSISTIVE TECHNOLOGY PROJECT (1994)

Governor's Developmental Disabilities
Council, Systems of Technology-Related
Assistance for Individuals with Disabilities
P.O. Box 2565 CK
Saipan, MP 96950
Project Director: Thomas J. Camacho
PHONE: (670) 322-3014(V/TDD)
FAX: (670) 322-4168
E-mail: dd.council@saipan.com
Homepage:
http://www.saipan.com/gov/branches/ddcouncil

OHIO TRAIN (1992)

Ohio Super Computer Center
1224 Kinnear Road
Columbus, OH 43212
Executive Director: Douglas Huntt
Phone: (614) 292-2426 (V/TDD)
Phone (800) 784-3425 (V/TDD, In-State)
TDD: (614) 292-3162
FAX: (614) 292-5866
E-mail: huntt.1@osc.edu
Homepage: http://www.train.state.oh.us

OKLAHOMA ABLE TECH (1992)

Oklahoma State University Wellness Center
1514 W. Hall of Fame Road
Stillwater, OK 74078-2026
Project Manager: Linda Jaco; (405) 744-9864
Phone: (405) 744-9748
Phone: (800) 257-1705 (V/TDD)
FAX: (405) 744-2487
E-mail: okway.okstate.edu
Homepage:
http://www.okstate.edu/wellness/at-home.htm

OREGON TECHNOLOGY ACCESS FOR LIFE NEEDS PROJECT (TALN) (1990)

c/o Access Technologies Inc.
3070 Lancaster Drive NE
Salem, OR 97305-1396
Project Director: Byron McNaught
Phone: (503) 361-1201 (V/TDD)
Phone: (800) 677-7512 (In-State)
FAX: (503) 370-4530
E-mail: ati@orednet.org

PENNSYLVANIA'S INITIATIVE ON ASSISTIVE TECHNOLOGY (1992)

Institute on Disabilities/UAP
Ritter Annex 423
Philadelphia, PA 19122-6090
Project Director: Amy Goldman
Phone: (800) 204-PIAT (7428)
TDD: (800) 750-PIAT (TT)
FAX: (215) 204-9371
E-mail: piat@astro.ocis.temple.edu
Homepage:
http://www.temple.edu/inst_disabilities

PUERTO RICO ASSISTIVE TECHNOLOGY PROJECT (1993)

University of Puerto Rico
Medical Sciences Campus
College of Related Health Professions
Office of Project Investigation and
Development
Box 365067
San Juan, PR 00936-5067
Project Director: Maria I. Miranda, B.A.
Phone: (800) 496-6035 (National)
Phone: (800) 981-6033 (In PR)
Phone: (787) 758-2525 x4413
TDD/FAX: (787) 754-8034
E-mail: pratp@coqui.net

RHODE ISLAND ASSISTIVE TECHNOLOGY ACCESS PARTNERSHIP (1993)

Office of Rehabilitation Services
40 Fountain Street
Providence, RI 02903
Project Director: Susan Olson
Phone: (401) 421-7005 x310
Phone: (800) 752-8088 x2608 (In-State)
TDD: (401) 421-7016

FAX: (401) 421-9259
E-mail: solson@atap.state.ri.us
Homepage: http://www.ors.state.ri.us

SOUTH CAROLINA ASSISTIVE TECHNOLOGY PROGRAM (1991)

USC School of Medicine
Center for Developmental Disabilities
Columbia, SC 29208
Project Director: Evelyn Evans;
(803) 935-5263
Phone: (803) 935-5263 (V/TDD)
FAX: (803) 935-5342
E-mail:scatp@scsn.net
Homepage: http://www.scsn.net/users/scatp

SOUTH DAKOTA ASSISTIVE TECHNOLOGY PROJECT (DAKOTALINK) (1992)

1925 Plaza Boulevard
Rapid City, SD 57702
Project Director: Ron Reed, Ph.D.
Phone: (605) 394-1876
Phone: (800) 645-0673 (V/TDD, In-State)
FAX: (605) 394-5315
E-mail: rreed@sdtie.sdserv.org
Homepage: http://www.tie.net/dakotalink

TENNESSEE TECHNOLOGY ACCESS PROJECT (TTAP) (1990)

Cordell Hull Building, 5th Floor
425 5th Avenue North
Nashville, TN 37247-4850
Project Director: Jacque Cundall
PHONE: (615) 741-8530/0310
FAX: (615) 741-1063
EMAIL: jcundall@mail.state.tn.us

TEXAS ASSISTIVE TECHNOLOGY PARTNERSHIP (1992)

University of Texas at Austin
Texas Univ. Affiliated Program
SZB252-D5100
Austin, TX 78712-1290
Information and Referral: John Moore;
(800) 828-7839
Project Director: Susanne Elrod,
(512) 471-7621
TDD: (512) 471-1844
FAX: (512) 471-7549
E-mail: s.elrod@mail.utexas.edu
Homepage:
http://www.edb.utexas.edu/coe/depts/sped/tatp/tatp.html

U.S. VIRGIN ISLAND TECHNOLOGY-RELATED ASSISTANCE FOR INDIVIDUALS WITH DISABILITIES (TRAID) (1995)

University of the Virgin Islands/UAP
#2 John Brewers Bay
St. Thomas, VI 00801-0990
Executive Director: Dr. Yegin Habtes
Phone: (809) 693-1323
FAX: (809) 693-1325
E-mail: yhabtey@ uvi.edu

UTAH ASSISTIVE TECHNOLOGY PROGRAM (1989)

Center for Persons with Disabilities
6588 Old Main Hill
Logan, UT 84322-6588
Project Director: Marvin Fifield, Ed.D.;
(435) 797-1982
Project Coordinator: Martin Blair,
(435) 797-3886
Phone: (435) 797-1981 (V/TDD)
FAX: (435) 797-2355
E-mail: sharon@cpd2.usu.edu
Homepage: http://www.uatp.usu.edu

VERMONT ASSISTIVE TECHNOLOGY PROJECT (1990)

103 South Main Street
Weeks Building, First Floor
Waterbury, VT 05671-2305
Project Director: Lynne Cleveland
Phone: (802) 241-2620 (V/TDD)
FAX: (802) 241-2174
E-mail: lynnec@dad.state.vt.us
Homepage:
http://www.uvm.edu/~uapvt/cats.html

VIRGINIA ASSISTIVE TECHNOLOGY SYSTEM (1990)
8004 Franklin Farms Drive
Richmond, VA 23288-0300
Information and Referral: (800) 435-8490
Project Director: Kenneth Knorr
Phone: (804) 662-7000
Phone: (804) 662-9040 (V/TDD)
FAX: (804) 662-9532
E-mail: vatskhk@aol.com
Homepage: http://www.vats.org

WASHINGTON ASSISTIVE TECHNOLOGY ALLIANCE (1993)
DSHS/DVR
AT Resource Center
Univ. of Washington
Box 357920
Seattle, WA 98195-7920
Project Director: Debbie Cook;
(206) 685-4181
Phone: (206) 685-4181
TDD: (206) 616-1396
FAX: (206) 543-4779
E-mail: uwat@u.washington.edu
Homepage: http://wata.org

WEST VIRGINIA ASSISTIVE TECHNOLOGY SYSTEM (1992)
University Affiliated Center for
Developmental Disabilities
Airport Research and Office Park
955 Hartman Run Road
Morgantown, WV 26505
Project Manager: Jack Stewart
Phone: (304) 293-4692 (V/TDD)
Phone: (800) 841-8436 (In-State)
FAX: (304) 293-7294
E-mail: `stewiat@wvnvm.wvnet.edu`
Homepage:
http://www.wvu.edu/~uacdd/wvat.htm

WISTECH (1990)
Wisconsin Assistive Technology Program
Division of Supportive Living
P.O. Box 7852
2917 International Lane, 3rd Floor
Madison, WI 53707
Project Director: Judi Trampf;
PHONE/TDD: (608) 243-5674
FAX: (608) 243-5681
E-mail: trampfju@dwd.state.wi.us

WYOMING'S NEW OPTIONS IN TECHNOLOGY (WYNOT) (1993)
University of Wyoming
1465 North 4th Street, Suite 111
Laramie, WY 82072
Project Director: Darrell Purdy;
(307) 766-2095
Phone: (307) 766-2084 (V/TDD)
FAX: (307) 721-2084
E-mail: wynot.uw@uwyo.edu
Homepage:
http://www.uwyo.edu/hs/wind/wynot/wynot.htm

The date in parentheses is the date in which the project was funded through a grant by the U.S. Department of Education, National Institute on Disability and Rehabilitation Research under the Technology-Related Assistance for Individuals with Disabilities Act of 1988, as Amended (P.L. 103-218).

PART C Updates

APPENDIX A:

Part C of the IDEA Amendments of 1997

Early Intervention Program for Infants and Toddlers With Disabilities

Part C of The Individuals with Disabilities Education Act (IDEA)

20 U.S.C Chapter 33, Sections 1431–1445, As amended by P.L. 105-17

SEC. 1431. FINDINGS AND POLICY.

(a) FINDINGS- The Congress finds that there is an urgent and substantial need --

(1) to enhance the development of infants and toddlers with disabilities and to minimize their potential for developmental delay;

(2) to reduce the educational costs to our society, including our Nation's schools, by minimizing the need for special education and related services after infants and toddlers with disabilities reach school age;

(3) to minimize the likelihood of institutionalization of individuals with disabilities and maximize the potential for their independently living in society;

(4) to enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities; and

(5) to enhance the capacity of State and local agencies and service providers to identify, evaluate, and meet the needs of historically underrepresented populations, particularly minority, low-income, inner-city, and rural populations.

(b) POLICY- It is therefore the policy of the United States to provide financial assistance to States —

(1) to develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services for infants and toddlers with disabilities and their families;

(2) to facilitate the coordination of payment for early intervention services from Federal, State, local, and private sources (including public and private insurance coverage);

(3) to enhance their capacity to provide quality early intervention services and expand and improve existing early intervention services being provided to infants and toddlers with disabilities and their families; and

(4) to encourage States to expand opportunities for children under 3 years of age who would be at risk of having substantial developmental delay if they did not receive early intervention services.

SEC. 1432. DEFINITIONS.

As used in this part:

(1) AT-RISK INFANT OR TODDLER- The term 'at-risk infant or toddler' means an individual under 3 years of age who would be at risk of experiencing a substantial developmental delay if early intervention services were not provided to the individual.

(2) COUNCIL- The term 'council' means a State interagency coordinating council established under section 1441.

(3) DEVELOPMENTAL DELAY- The term 'developmental delay', when used with respect to an individual residing in a State, has the meaning given such term by the State under section 1435(a)(1).

(4) EARLY INTERVENTION SERVICES- The term 'early intervention services' means developmental services that —

(A) are provided under public supervision;

(B) are provided at no cost except where Federal or State law provides for a system of payments by families, including a schedule of sliding fees;

(C) are designed to meet the developmental needs of an infant or toddler with a disability in any one or more of the following areas —

(i) physical development;

(ii) cognitive development;

(iii) communication development;

(iv) social or emotional development; or

(v) adaptive development;

(D) meet the standards of the State in which they are provided, including the requirements of this part;

(E) include —

(i) family training, counseling, and home visits;

(ii) special instruction;

(iii) speech-language pathology and audiology services;

(iv) occupational therapy;

(v) physical therapy;

(vi) psychological services;

(vii) service coordination services;

(viii) medical services only for diagnostic or evaluation purposes;

(ix) early identification, screening, and assessment services;

(x) health services necessary to enable the infant or toddler to benefit from the other early intervention services;

(xi) social work services;

(xii) vision services;

(xiii) assistive technology devices and assistive technology services; and

(xiv) transportation and related costs that are necessary to enable an infant or toddler and the infant's or toddler's family to receive another service described in this paragraph;

(F) are provided by qualified personnel, including —

(i) special educators;

(ii) speech-language pathologists and audiologists;

(iii) occupational therapists;

(iv) physical therapists;

(v) psychologists;

(vi) social workers;

(vii) nurses;

(viii) nutritionists;

(ix) family therapists;

(x) orientation and mobility specialists; and

(xi) pediatricians and other physicians;

(G) to the maximum extent appropriate, are provided in natural environments, including the home, and community settings in which children without disabilities participate; and

(H) are provided in conformity with an individualized family service plan adopted in accordance with section 1436.

(5) INFANT OR TODDLER WITH A DISABILITY- The term 'infant or toddler with a disability' —

(A) means an individual under 3 years of age who needs early intervention services because the individual —

(i) is experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more of the areas of cognitive development, physical development, communication development, social or emotional development, and adaptive development; or

(ii) has a diagnosed physical or mental condition which has a high probability of resulting in developmental delay; and

(B) may also include, at a State's discretion, at-risk infants and toddlers.

SEC. 1433. GENERAL AUTHORITY.

The Secretary shall, in accordance with this part, make grants to States (from their allotments under section 1443) to assist each State to maintain and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system to provide early intervention services for infants and toddlers with disabilities and their families.

SEC. 1434. ELIGIBILITY.

In order to be eligible for a grant under section 1433, a State shall demonstrate to the Secretary that the State —

(1) has adopted a policy that appropriate early intervention services are available to all infants and toddlers with disabilities in the State and their families, including Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the State; and

(2) has in effect a statewide system that meets the requirements of section 1435.

SEC. 1435. REQUIREMENTS FOR STATEWIDE SYSTEM.

(a) IN GENERAL- A statewide system described in section 1433 shall include, at a minimum, the following components:

(1) A definition of the term 'developmental delay' that will be used by the State in carrying out programs under this part.

(2) A State policy that is in effect and that ensures that appropriate early intervention services are available to all infants and toddlers with disabilities and their families, including Indian infants and toddlers and their families residing on a reservation geographically located in the State.

(3) A timely, comprehensive, multidisciplinary evaluation of the functioning of each infant or toddler with a disability in the State, and a family-directed identification of the needs of each family of such an infant or toddler, to appropriately assist in the development of the infant or toddler.

(4) For each infant or toddler with a disability in the State, an individualized family service plan in accordance with section 1436, including service coordination services in accordance with such service plan.

(5) A comprehensive child find system, consistent with part B, including a system for making referrals to service providers that includes timelines and provides for participation by primary referral sources.

(6) A public awareness program focusing on early identification of infants and toddlers with disabilities, including the preparation and dissemination by the lead agency designated or established under paragraph (10) to all primary referral sources, especially hospitals and physicians, of information for parents on the availability of early intervention services, and procedures for determining the extent to which such sources disseminate such information to parents of infants and toddlers.

(7) A central directory which includes information on early intervention services, resources, and experts available in the State and research and demonstration projects being conducted in the State.

(8) A comprehensive system of personnel development, including the training of paraprofessionals and the training of primary referral sources respecting the basic components of early intervention services available in the State, that is consistent with the comprehensive system of personnel development described in section 1412(a)(14) and may include —

(A) implementing innovative strategies and activities for the recruitment and retention of early education service providers;

(B) promoting the preparation of early intervention providers who are fully and appropriately qualified to provide early intervention services under this part;

(C) training personnel to work in rural and inner-city areas; and

(D) training personnel to coordinate transition services for infants and toddlers served under this part from an early intervention program under this part to preschool or other appropriate services.

(9) Subject to subsection (b), policies and procedures relating to the establishment and maintenance of standards to ensure that personnel necessary to carry out this part are appropriately and adequately prepared and trained, including —

(A) the establishment and maintenance of standards which are consistent with any State-approved or recognized certification, licensing, registration, or other comparable requirements which apply to the area in which such personnel are providing early intervention services; and

(B) to the extent such standards are not based on the highest requirements in the State applicable to a specific profession or discipline, the steps the State is taking to require the retraining or hiring of personnel that meet appropriate professional requirements in the State; except that nothing in this part, including this paragraph, prohibits the use of paraprofessionals and assistants who are appropriately trained and supervised, in accordance with State law, regulations, or written policy, to assist in the provision of early intervention services to infants and toddlers with disabilities under this part.

(10) A single line of responsibility in a lead agency designated or established by the Governor for carrying out —

(A) the general administration and supervision of programs and activities receiving assistance under section 1433, and the monitoring of programs and activities used by the State to carry out this part, whether or not such programs or activities are receiving assistance made available under section 1433, to ensure that the State complies with this part;

(B) the identification and coordination of all available resources within the State from Federal, State, local, and private sources;

(C) the assignment of financial responsibility in accordance with section 1437(a)(2) to the appropriate agencies;

(D) the development of procedures to ensure that services are provided to infants and toddlers with disabilities and their families under this part in a timely manner pending the resolution of any disputes among public agencies or service providers;

(E) the resolution of intra- and interagency disputes; and

(F) the entry into formal interagency agreements that define the financial responsibility of each agency for paying for early intervention services (consistent with State law) and procedures for resolving disputes and that include all additional components necessary to ensure meaningful cooperation and coordination.

(11) A policy pertaining to the contracting or making of other arrangements with service providers to provide early intervention services in the State, consistent with the provisions of this part, including the contents of the application used and the conditions of the contract or other arrangements.

(12) A procedure for securing timely reimbursements of funds used under this part in accordance with section 1440(a).

(13) Procedural safeguards with respect to programs under this part, as required by section 1439.

(14) A system for compiling data requested by the Secretary under section 1418 that relates to this part.

(15) A State interagency coordinating council that meets the requirements of section 1441.

(16) Policies and procedures to ensure that, consistent with section 1436(d)(5) —

(A) to the maximum extent appropriate, early intervention services are provided in natural environments; and

(B) the provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.

(b) POLICY- In implementing subsection (a)(9), a State may adopt a policy that includes making ongoing good-faith efforts to recruit and hire appropriately and adequately trained personnel to provide early intervention services to infants and toddlers with disabilities, including, in a geographic area of the State where there is a shortage of such personnel, the most qualified individuals available who are making satisfactory progress toward completing applicable course work necessary to meet the standards described in subsection (a)(9), consistent with State law within 3 years.

SEC. 1436. INDIVIDUALIZED FAMILY SERVICE PLAN.

(a) ASSESSMENT AND PROGRAM DEVELOPMENT- A statewide system described in section 1433 shall provide, at a minimum, for each infant or toddler with a disability, and the infant's or toddler's family, to receive —

(1) a multidisciplinary assessment of the unique strengths and needs of the infant or toddler and the identification of services appropriate to meet such needs;

(2) a family-directed assessment of the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the infant or toddler; and

(3) a written individualized family service plan developed by a multidisciplinary team, including the parents, as required by subsection (e).

(b) PERIODIC REVIEW- The individualized family service plan shall be evaluated once a year and the family shall be provided a review of the plan at 6-month intervals (or more often where appropriate based on infant or toddler and family needs).

(c) PROMPTNESS AFTER ASSESSMENT- The individualized family service plan shall be developed within a reasonable time after the assessment required by subsection (a)(1) is completed. With the parents' consent, early intervention services may commence prior to the completion of the assessment.

(d) CONTENT OF PLAN- The individualized family service plan shall be in writing and contain —

(1) a statement of the infant's or toddler's present levels of physical development, cognitive development, communication development, social or emotional development, and adaptive development, based on objective criteria;

(2) a statement of the family's resources, priorities, and concerns relating to enhancing the development of the family's infant or toddler with a disability;

(3) a statement of the major outcomes expected to be achieved for the infant or toddler and the family, and the criteria, procedures, and timelines used to determine the degree to which progress toward achieving the outcomes is being made and whether modifications or revisions of the outcomes or services are necessary;

(4) a statement of specific early intervention services necessary to meet the unique needs of the infant or toddler and the family, including the frequency, intensity, and method of delivering services;

(5) a statement of the natural environments in which early intervention services shall appropriately be

provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment;

(6) the projected dates for initiation of services and the anticipated duration of the services;

(7) the identification of the service coordinator from the profession most immediately relevant to the infant's or toddler's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities under this part) who will be responsible for the implementation of the plan and coordination with other agencies and persons; and

(8) the steps to be taken to support the transition of the toddler with a disability to preschool or other appropriate services.

(e) PARENTAL CONSENT- The contents of the individualized family service plan shall be fully explained to the parents and informed written consent from the parents shall be obtained prior to the provision of early intervention services described in such plan. If the parents do not provide consent with respect to a particular early intervention service, then the early intervention services to which consent is obtained shall be provided.

SEC.1437. STATE APPLICATION AND ASSURANCES.

(a) APPLICATION- A State desiring to receive a grant under section 1433 shall submit an application to the Secretary at such time and in such manner as the Secretary may reasonably require. The application shall contain —

(1) a designation of the lead agency in the State that will be responsible for the administration of funds provided under section 1433;

(2) a designation of an individual or entity responsible for assigning financial responsibility among appropriate agencies;

(3) information demonstrating eligibility of the State under section 1434, including —

(A) information demonstrating to the Secretary's satisfaction that the State has in effect the statewide system required by section 1433; and

(B) a description of services to be provided to infants and toddlers with disabilities and their families through the system;

(4) if the State provides services to at-risk infants and toddlers through the system, a description of such services;

(5) a description of the uses for which funds will be expended in accordance with this part;

(6) a description of the procedure used to ensure that resources are made available under this part for all geographic areas within the State;

(7) a description of State policies and procedures that ensure that, prior to the adoption by the State of any other policy or procedure necessary to meet the requirements of this part, there are public hearings, adequate notice of the hearings, and an opportunity for comment available to the general public, including individuals with disabilities and parents of infants and toddlers with disabilities;

(8) a description of the policies and procedures to be used —

(A) to ensure a smooth transition for toddlers receiving early intervention services under this part to preschool or other appropriate services, including a description of how —

(i) the families of such toddlers will be included in the transition plans required by subparagraph (C); and

(ii) the lead agency designated or established under section 1435(a)(10) will —

(I) notify the local educational agency for the area in which such a child resides that the child will shortly reach the age of eligibility for preschool services under part B, as determined in accordance with State law;

(II) in the case of a child who may be eligible for such preschool services, with the approval of the family of the child, convene a conference among the lead agency, the family, and the local educational agency at least 90 days (and at the discretion of all such parties, up to 6 months) before the child is eligible for the preschool services, to discuss any such services that the child may receive; and

(III) in the case of a child who may not be eligible for such preschool services, with the approval of the family, make reasonable efforts to convene a conference among the lead agency, the family, and providers of other appropriate services for children who are not eligible for preschool services under part B, to discuss the appropriate services that the child may receive;

(B) to review the child's program options for the period from the child's third birthday through the remainder of the school year; and

(C) to establish a transition plan; and

(9) such other information and assurances as the Secretary may reasonably require.

(b) ASSURANCES- The application described in subsection (a) —

(1) shall provide satisfactory assurance that Federal funds made available under section 1443 to the State will be expended in accordance with this part;

(2) shall contain an assurance that the State will comply with the requirements of section 1440;

(3) shall provide satisfactory assurance that the control of funds provided under section 1443, and title to property derived from those funds, will be in a public agency for the uses and purposes provided in this part and that a public agency will administer such funds and property;

(4) shall provide for —

(A) making such reports in such form and containing such information as the Secretary may require to carry out the Secretary's functions under this part; and

(B) keeping such records and affording such access to them as the Secretary may find necessary to ensure the correctness and verification of those reports and proper disbursement of Federal funds under this part;

(5) provide satisfactory assurance that Federal funds made available under section 1443 to the State —

(A) will not be commingled with State funds; and

(B) will be used so as to supplement the level of State and local funds expended for infants and toddlers with disabilities and their families and in no case to supplant those State and local funds;

(6) shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to ensure proper disbursement of, and accounting for, Federal funds paid under section 1443 to the State;

(7) shall provide satisfactory assurance that policies and procedures have been adopted to ensure meaningful involvement of underserved groups, including minority, low-income, and rural families, in the planning and implementation of all the requirements of this part; and

(8) shall contain such other information and assurances as the Secretary may reasonably require by regulation.

(c) STANDARD FOR DISAPPROVAL OF APPLICATION- The Secretary may not disapprove such an application unless the Secretary determines, after notice and opportunity for a hearing, that the application fails to comply with the requirements of this section.

(d) SUBSEQUENT STATE APPLICATION- If a State has on file with the Secretary a policy, procedure, or assurance that demonstrates that the State meets a requirement of this section, including any policy or procedure filed under part H (as in effect before July 1, 1998), the Secretary shall consider the State to have met the requirement for purposes of receiving a grant under this part.

(e) MODIFICATION OF APPLICATION- An application submitted by a State in accordance with this section shall remain in effect until the State submits to the Secretary such modifications as the State determines necessary. This section shall apply to a modification of an application to the same extent and in the same manner as this section applies to the original application.

(f) MODIFICATIONS REQUIRED BY THE SECRETARY- The Secretary may require a State to modify its application under this section, but only to the extent necessary to ensure the State's compliance with this part, if—

(1) an amendment is made to this Act, or a Federal regulation issued under this Act;

(2) a new interpretation of this Act is made by a Federal court or the State's highest court; or

(3) an official finding of noncompliance with Federal law or regulations is made with respect to the State.

SEC. 1438. USES OF FUNDS.

In addition to using funds provided under section 1433 to maintain and implement the statewide system required by such section, a State may use such funds —

(1) for direct early intervention services for infants and toddlers with disabilities, and their families, under this part that are not otherwise funded through other public or private sources;

(2) to expand and improve on services for infants and toddlers and their families under this part that are otherwise available;

(3) to provide a free appropriate public education, in accordance with part B, to children with disabilities from their third birthday to the beginning of the following school year; and

(4) in any State that does not provide services for at-risk infants and toddlers under section 1437(a)(4), to strengthen the statewide system by initiating, expanding, or improving collaborative efforts related to at-risk infants and toddlers, including establishing linkages with appropriate public or private community-based organizations, services, and personnel for the purposes of —

(A) identifying and evaluating at-risk infants and toddlers;

(B) making referrals of the infants and toddlers identified and evaluated under subparagraph (A); and

(C) conducting periodic follow-up on each such referral to determine if the status of the infant or toddler involved has changed with respect to the eligibility of the infant or toddler for services under this part.

SEC. 1439. PROCEDURAL SAFEGUARDS.

(a) MINIMUM PROCEDURES- The procedural safeguards required to be included in a statewide system under section 1435(a)(13) shall provide, at a minimum, the following:

(1) The timely administrative resolution of complaints by parents. Any party aggrieved by the findings and decision regarding an administrative complaint shall have the right to bring a civil action with respect to the complaint in any State court of competent jurisdiction or in a district court of the United States without regard to the amount in controversy. In any action brought under this paragraph, the court shall receive the records of the administrative proceedings, shall hear additional evidence at the request of a party, and, basing its decision on the preponderance of the evidence, shall grant such relief as the court determines is appropriate.

(2) The right to confidentiality of personally identifiable information, including the right of parents to written notice of and written consent to the exchange of such information among agencies consistent with Federal and State law.

(3) The right of the parents to determine whether they, their infant or toddler, or other family members will accept or decline any early intervention service under this part in accordance with State law without jeopardizing other early intervention services under this part.

(4) The opportunity for parents to examine records relating to assessment, screening, eligibility determinations, and the development and implementation of the individualized family service plan.

(5) Procedures to protect the rights of the infant or toddler whenever the parents of the infant or toddler are not known or cannot be found or the infant or toddler is a ward of the State, including the assignment of an individual (who shall not be an employee of the State lead agency, or other State agency, and who shall not be any person, or any employee of a person, providing early intervention services to the infant or toddler or any family member of the infant or toddler) to act as a surrogate for the parents.

(6) Written prior notice to the parents of the infant or toddler with a disability whenever the State agency or service provider proposes to initiate

or change or refuses to initiate or change the identification, evaluation, or placement of the infant or toddler with a disability, or the provision of appropriate early intervention services to the infant or toddler.

(7) Procedures designed to ensure that the notice required by paragraph (6) fully informs the parents, in the parents' native language, unless it clearly is not feasible to do so, of all procedures available pursuant to this section.

(8) The right of parents to use mediation in accordance with section 1415(e), except that —

(A) any reference in the section to a State educational agency shall be considered to be a reference to a State's lead agency established or designated under section 1435(a)(10);

(B) any reference in the section to a local educational agency shall be considered to be a reference to a local service provider or the State's lead agency under this part, as the case may be; and

(C) any reference in the section to the provision of free appropriate public education to children with disabilities shall be considered to be a reference to the provision of appropriate early intervention services to infants and toddlers with disabilities.

(b) SERVICES DURING PENDENCY OF PROCEEDINGS- During the pendency of any proceeding or action involving a complaint by the parents of an infant or toddler with a disability, unless the State agency and the parents otherwise agree, the infant or toddler shall continue to receive the appropriate early intervention services currently being provided or, if applying for initial services, shall receive the services not in dispute.

SEC. 1440. PAYOR OF LAST RESORT.

(a) NONSUBSTITUTION- Funds provided under section 1443 may not be used to satisfy a financial commitment for services that would have been paid for from another public or private source, including any medical program administered by the Secretary of Defense, but for the enactment of this part, except that whenever considered necessary to prevent a delay in the receipt of appropriate early intervention services by an infant, toddler, or family in a timely fashion, funds provided under section 1443 may be used to pay the provider of services pending reimbursement from the agency that has ultimate responsibility for the payment.

(b) REDUCTION OF OTHER BENEFITS- Nothing in this part shall be construed to permit the State to reduce medical or other assistance available or to alter eligibility under title V of the Social Security Act (relating to maternal and child health) or title XIX of the Social Security Act (relating to Medicaid for infants or toddlers with disabilities) within the State.

SEC. 1441. STATE INTERAGENCY COORDINATING COUNCIL.

(a) ESTABLISHMENT-

(1) IN GENERAL- A State that desires to receive financial assistance under this part shall establish a State interagency coordinating council.

(2) APPOINTMENT- The council shall be appointed by the Governor. In making appointments to the council, the Governor shall ensure that the membership of the council reasonably represents the population of the State.

(3) CHAIRPERSON- The Governor shall designate a member of the council to serve as the chairperson of the council, or shall require the council to so designate such a member. Any member of the council who is a representative of the lead agency designated under section 1435(a)(10) may not serve as the chairperson of the council.

(b) COMPOSITION-

(1) IN GENERAL- The council shall be composed as follows:

(A) PARENTS- At least 20 percent of the members shall be parents of infants or toddlers with disabilities or children with disabilities aged 12 or younger, with knowledge of, or experience with, programs for infants and toddlers with disabilities. At least one such member shall be a parent of an infant or toddler with a disability or a child with a disability aged 6 or younger.

(B) SERVICE PROVIDERS- At least 20 percent of the members shall be public or private providers of early intervention services.

(C) STATE LEGISLATURE- At least one member shall be from the State legislature.

(D) PERSONNEL PREPARATION- At least one member shall be involved in personnel preparation.

(E) AGENCY FOR EARLY INTERVENTION SERVICES- At least one member shall be from each of the State agencies involved in the provision of, or payment for, early intervention services to infants and toddlers with disabilities and their families and shall have sufficient authority to engage in policy planning and implementation on behalf of such agencies.

(F) AGENCY FOR PRESCHOOL SERVICES- At least one member shall be from the State educational agency responsible for preschool services to children with disabilities and shall have sufficient authority to engage in policy planning and implementation on behalf of such agency.

(G) AGENCY FOR HEALTH INSURANCE- At least one member shall be from the agency responsible for the State governance of health insurance.

(H) HEAD START AGENCY- At least one representative from a Head Start agency or program in the State.

(I) CHILD CARE AGENCY- At least one representative from a State agency responsible for child care.

(2) OTHER MEMBERS- The council may include other members selected by the Governor, including a representative from the Bureau of Indian Affairs, or where there is no BIA-operated or BIA-funded school, from the Indian Health Service or the tribe or tribal council.

(c) MEETINGS- The council shall meet at least quarterly and in such places as it deems necessary. The meetings shall be publicly announced, and, to the extent appropriate, open and accessible to the general public.

(d) MANAGEMENT AUTHORITY- Subject to the approval of the Governor, the council may prepare and approve a budget using funds under this part to conduct hearings and forums, to reimburse members of the council for reasonable and necessary expenses for attending council meetings and performing council duties (including child care for parent representatives), to pay compensation to a member of the council if the member is not employed or must forfeit wages from other employment when performing official council business, to hire staff, and to obtain the services of such professional, technical, and clerical personnel as may be necessary to carry out its functions under this part.

(e) FUNCTIONS OF COUNCIL-

(1) DUTIES- The council shall —

(A) advise and assist the lead agency designated or established under section 1435(a)(10) in the performance of the responsibilities set forth in such section, particularly the identification of the sources of fiscal and other support for services for early intervention programs, assignment of financial responsibility to the appropriate agency, and the promotion of the interagency agreements;

(B) advise and assist the lead agency in the preparation of applications and amendments thereto;

(C) advise and assist the State educational agency regarding the transition of toddlers with disabilities to preschool and other appropriate services; and

(D) prepare and submit an annual report to the Governor and to the Secretary on the status of early intervention programs for infants and toddlers with disabilities and their families operated within the State.

(2) AUTHORIZED ACTIVITY- The council may advise and assist the lead agency and the State educational agency regarding the provision of appropriate services for children from birth through age 5. The council may advise appropriate agencies in the State with respect to the integration of services for infants and toddlers with disabilities and at-risk infants and toddlers and their families, regardless of whether at-risk infants and toddlers are eligible for early intervention services in the State.

(f) CONFLICT OF INTEREST- No member of the council shall cast a vote on any matter that would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest under State law.

SEC. 1442. FEDERAL ADMINISTRATION.

Sections 1416, 1417, and 1418 shall, to the extent not inconsistent with this part, apply to the program authorized by this part, except that —

(1) any reference in such sections to a State educational agency shall be considered to be a reference to a State's lead agency established or designated under section 1435(a)(10);

(2) any reference in such sections to a local educational agency, educational service agency, or a State agency shall be considered to be a reference to an early intervention service provider under this part; and

(3) any reference to the education of children with disabilities or the education of all children with disabilities shall be considered to be a reference to the provision of appropriate early intervention services to infants and toddlers with disabilities.

SEC. 1443. ALLOCATION OF FUNDS.

(a) RESERVATION OF FUNDS FOR OUTLYING AREAS-

(1) IN GENERAL- From the sums appropriated to carry out this part for any fiscal year, the Secretary may reserve up to one percent for payments to Guam, American Samoa, the Virgin Islands, and the Commonwealth of the Northern Mariana Islands in accordance with their respective needs.

(2) CONSOLIDATION OF FUNDS- The provisions of Public Law 95-134, permitting the consolidation of grants to the outlying areas, shall not apply to funds those areas receive under this part.

(b) PAYMENTS TO INDIANS-

(1) IN GENERAL- The Secretary shall, subject to this subsection, make payments to the Secretary of the Interior to be distributed to tribes, tribal organizations (as defined under section 4 of the Indian Self-Determination and Education Assistance Act), or consortia of the above entities for the coordination of assistance in the provision of early intervention services by the States to infants and toddlers with disabilities and their families on reservations served by elementary and secondary schools for Indian children operated or funded by the Department of the Interior. The amount of such payment for any fiscal year shall be 1.25 percent of the aggregate of the amount available to all States under this part for such fiscal year.

(2) ALLOCATION- For each fiscal year, the Secretary of the Interior shall distribute the entire payment received under paragraph (1) by providing to each tribe, tribal organization, or consortium an amount based on the number of infants and toddlers residing on the reservation, as determined annually, divided by the total of such children served by all tribes, tribal organizations, or consortia.

(3) INFORMATION- To receive a payment under this subsection, the tribe, tribal organization, or consortium shall submit such information to the Secretary of the Interior as is needed to determine the amounts to be distributed under paragraph (2).

(4) USE OF FUNDS- The funds received by a tribe, tribal organization, or consortium shall be used to assist States in child find, screening, and other procedures for the early identification of Indian children under 3 years of age and for parent training. Such funds may also be used to provide early intervention services in accordance with this part. Such activities may be carried out directly or through contracts or cooperative agreements with the BIA, local educational agencies, and other public or private nonprofit organizations. The tribe, tribal organization, or consortium is encouraged to involve Indian parents in the development and implementation of these activities. The above entities shall, as appropriate, make referrals to local, State, or Federal entities for the provision of services or further diagnosis.

(5) REPORTS- To be eligible to receive a grant under paragraph (2), a tribe, tribal organization, or consortium shall make a biennial report to the Secretary of the Interior of activities undertaken under this subsection, including the number of contracts and cooperative agreements

entered into, the number of children contacted and receiving services for each year, and the estimated number of children needing services during the 2 years following the year in which the report is made. The Secretary of the Interior shall include a summary of this information on a biennial basis to the Secretary of Education along with such other information as required under section 1411(i)(3)(E). The Secretary of Education may require any additional information from the Secretary of the Interior.

(6) PROHIBITED USES OF FUNDS- None of the funds under this subsection may be used by the Secretary of the Interior for administrative purposes, including child count, and the provision of technical assistance.

(c) STATE ALLOTMENTS-

(1) IN GENERAL- Except as provided in paragraphs (2), (3), and (4), from the funds remaining for each fiscal year after the reservation and payments under subsections (a) and (b), the Secretary shall first allot to each State an amount that bears the same ratio to the amount of such remainder as the number of infants and toddlers in the State bears to the number of infants and toddlers in all States.

(2) MINIMUM ALLOTMENTS- Except as provided in paragraphs (3) and (4), no State shall receive an amount under this section for any fiscal year that is less than the greatest of —

(A) one-half of one percent of the remaining amount described in paragraph (1); or

(B) $500,000.

(3) SPECIAL RULE FOR 1998 AND 1999-

(A) IN GENERAL- Except as provided in paragraph (4), no State may receive an amount under this section for either fiscal year 1998 or 1999 that is less than the sum of the amounts such State received for fiscal year 1994 under —

(i) part H (as in effect for such fiscal year); and

(ii) subpart 2 of part D of chapter 1 of title I of the Elementary and Secondary Education Act of 1965 (as in effect on the day before the date of the enactment of the Improving America's Schools Act of 1994) for children with disabilities under 3 years of age.

(B) EXCEPTION- If, for fiscal year 1998 or 1999, the number of infants and toddlers in a State, as determined under paragraph (1), is less than the number of infants and toddlers so determined for fiscal year 1994, the amount determined under subparagraph (A) for the State shall be reduced by the same percentage by which the number of such infants and toddlers so declined.

(4) RATABLE REDUCTION-

(A) IN GENERAL- If the sums made available under this part for any fiscal year are insufficient to pay the full amounts that all States are eligible to receive under this subsection for such year, the Secretary shall ratably reduce the allotments to such States for such year.

(B) ADDITIONAL FUNDS- If additional funds become available for making payments under this subsection for a fiscal year, allotments that were reduced under subparagraph (A) shall be increased on the same basis they were reduced.

(5) DEFINITIONS- For the purpose of this subsection —

(A) the terms 'infants' and 'toddlers' mean children under 3 years of age; and

(B) the term 'State' means each of the 50 States, the District of Columbia, and the Commonwealth of Puerto Rico.

(d) REALLOTMENT OF FUNDS- If a State elects not to receive its allotment under subsection (c), the Secretary shall reallot, among the remaining States, amounts from such State in accordance with such subsection.

SEC. 1444. FEDERAL INTERAGENCY COORDINATING COUNCIL.

(a) ESTABLISHMENT AND PURPOSE-

(1) IN GENERAL- The Secretary shall establish a Federal Interagency Coordinating Council in order to —

(A) minimize duplication of programs and activities across Federal, State, and local agencies, relating to —

(i) early intervention services for infants and toddlers with disabilities (including at-risk infants and toddlers) and their families; and

(ii) preschool or other appropriate services for children with disabilities;

(B) ensure the effective coordination of Federal early intervention and preschool programs and policies across Federal agencies;

(C) coordinate the provision of Federal technical assistance and support activities to States;

(D) identify gaps in Federal agency programs and services; and

(E) identify barriers to Federal interagency cooperation.

(2) APPOINTMENTS- The council established under paragraph (1) (hereafter in this section referred to as the Council') and the chairperson of the Council shall be appointed by the Secretary in consultation with other appropriate Federal agencies. In making the appointments, the Secretary shall ensure that each member has sufficient authority to engage in policy planning and implementation on behalf of the department, agency, or program that the member represents.

(b) COMPOSITION- The Council shall be composed of —

(1) a representative of the Office of Special Education Programs;

(2) a representative of the National Institute on Disability and Rehabilitation Research and a representative of the Office of Educational Research and Improvement;

(3) a representative of the Maternal and Child Health Services Block Grant Program;

(4) a representative of programs administered under the Developmental Disabilities Assistance and Bill of Rights Act;

(5) a representative of the Health Care Financing Administration;

(6) a representative of the Division of Birth Defects and Developmental Disabilities of the Centers for Disease Control;

(7) a representative of the Social Security Administration;

(8) a representative of the special

supplemental nutrition program for women, infants, and children of the Department of Agriculture;

(9) a representative of the National Institute of Mental Health;

(10) a representative of the National Institute of Child Health and Human Development;

(11) a representative of the Bureau of Indian Affairs of the Department of the Interior;

(12) a representative of the Indian Health Service;

(13) a representative of the Surgeon General;

(14) a representative of the Department of Defense;

(15) a representative of the Children's Bureau, and a representative of the Head Start Bureau, of the Administration for Children and Families;

(16) a representative of the Substance Abuse and Mental Health Services Administration;

(17) a representative of the Pediatric AIDS Health Care Demonstration Program in the Public Health Service;

(18) parents of children with disabilities age 12 or under (who shall constitute at least 20 percent of the members of the Council), of whom at least one must have a child with a disability under the age of 6;

(19) at least two representatives of State lead agencies for early intervention services to infants and toddlers, one of whom must be a representative of a State educational agency and the other a representative of a non-educational agency;

(20) other members representing appropriate agencies involved in the provision of, or payment for, early intervention services and special education and related services to infants and toddlers with disabilities and their families and preschool children with disabilities; and

(21) other persons appointed by the Secretary.

(c) MEETINGS- The Council shall meet at least quarterly and in such places as the Council deems necessary. The meetings shall be publicly announced, and, to the extent appropriate, open and accessible to the general public.

(d) FUNCTIONS OF THE COUNCIL- The Council shall —

(1) advise and assist the Secretary of Education, the Secretary of Health and Human Services, the Secretary of Defense, the Secretary of the Interior, the Secretary of Agriculture, and the Commissioner of Social Security in the performance of their responsibilities related to serving children from birth through age 5 who are eligible for services under this part or under part B;

(2) conduct policy analyses of Federal programs related to the provision of early intervention services and special educational and related services to infants and toddlers with disabilities and their families, and preschool children with disabilities, in order to determine areas of conflict, overlap, duplication, or inappropriate omission;

(3) identify strategies to address issues described in paragraph (2);

(4) develop and recommend joint policy memoranda concerning effective interagency collaboration, including modifications to regulations, and the elimination of barriers to interagency programs and activities;

(5) coordinate technical assistance and disseminate information on best practices, effective program coordination strategies, and recommendations for improved early intervention programming for infants and toddlers with disabilities and their families and preschool children with disabilities; and

(6) facilitate activities in support of States' interagency coordination efforts.

(e) CONFLICT OF INTEREST- No member of the Council shall cast a vote on any matter that would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest under Federal law.

(f) FEDERAL ADVISORY COMMITTEE ACT- The Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the establishment or operation of the Council.

SEC. 1445. AUTHORIZATION OF APPROPRIATIONS.

For the purpose of carrying out this part, there are authorized to be appropriated $400,000,000 for fiscal year 1998 and such sums as may be necessary for each of the fiscal years 1999 through 2002.

PART C Updates

APPENDIX B:

Federal Regulations for Part C of IDEA

- Current regulations, including April 1998 amendments *(pp. B1–B42)*
- Amendments to regulations proposed in October 1997 *(pp. B43–B-44)*

Appendix B

Regulations for Part C of IDEA

34 CFR Part 303, Early Intervention Program for Infants and Toddlers With Disabilities

Amended by Regulations Issued April 14, 1998 (see page B–33)

TITLE 34—EDUCATION

CHAPTER III—OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES, DEPARTMENT OF EDUCATION

PART 303—EARLY INTERVENTION PROGRAM FOR INFANTS AND TODDLERS WITH DISABILITIES

SUBPART A—GENERAL

Purpose, Eligibility, and Other General Provisions

Sec. 303.1 Purpose of the early intervention program for infants and toddlers with disabilities.

303.2 Eligible recipients of an award.

303.3 Activities that may be supported under this part.

303.4 Limitation on eligible children.

303.5 Applicable regulations.

Definitions

303.6 Act.

303.7 Children.

303.8 Council.

303.9 Days.

303.10 Developmental delay.

303.11 Early intervention program.

303.12 Early intervention services.

303.13 Health services.

303.14 IFSP.

303.15 Include; including.

303.16 Infants and toddlers with disabilities.

303.17 Multidisciplinary.

303.18 Parent.

303.19 Policies.

303.20 Public agency.

303.21 Qualified.

303.22 Service coordination (case management).

303.23 State.

303.24 EDGAR definitions that apply.

SUBPART B—STATE APPLICATION FOR A GRANT

General Requirements

303.100 Conditions of assistance.

303.101 How the Secretary disapproves a State's application or statement of assurances.

Public Participation

303.110 General requirements and timelines for public participation.

303.111 Notice of public hearings and opportunity to comment.

303.112 Public hearings.

303.113 Reviewing and reporting on public comments received.

Statement of Assurances

303.120 General.

303.121 Reports and records.

303.122 Control of funds and property.

303.123 Prohibition against commingling.

303.124 Prohibition against supplanting.

303.125 Fiscal control.

303.126 Payor of last resort.

303.127 Assurance regarding expenditure of funds.

303.128 Traditionally underserved groups.

General Requirements for a State Application

303.140 General.

303.141 Information about the Council.

303.142 Designation of lead agency.

303.143 Designation regarding financial responsibility.

303.144 Assurance regarding use of funds.

303.145 Description of use of funds.

303.146 Information about public participation.

303.147 Equitable distribution of resources.

303.148 Transition to preschool programs.

Specific Application Requirements for Years One Through Five and Thereafter

303.149 Application requirements for the first and second years.

303.150 Third year applications.

303.151 Waiver of the policy adoption requirement for the third year.

303.152 Fourth year applications.

303.153 States with mandates as of September 1, 1986, to serve children with disabilities from birth.

303.154 Applications for year five and each year thereafter.

303.155 Differential funding.

Components of a Statewide System—Application Requirements for Years Four, Five, and Thereafter

303.160 Minimum components of a statewide system.

303.161 State definition of developmental delay.

303.162 Central directory.

303.163 Timetables for serving eligible children.

303.164 Public awareness program.

303.165 Comprehensive child find system.

303.166 Evaluation, assessment, and non-discriminatory procedures.

303.167 Individualized family service plans.

303.168 Comprehensive system of personnel development (CSPD).

303.169 Personnel standards.

303.170 Procedural safeguards.

303.171 Supervision and monitoring of programs.

303.172 Lead agency procedures for resolving complaints.

303.173 Policies and procedures related to financial matters.

303.174 Interagency agreements; resolution of individual disputes.

303.175 Policy for contracting or otherwise arranging for services.

303.176 Data collection.

Participation by the Secretary of the Interior

303.180 Payments to the Secretary of the Interior for Indian tribes and tribal organizations.

SUBPART C—PROCEDURES FOR MAKING GRANTS TO STATES

303.200 Formula for State allocations.

303.201 Distribution of allotments from non-participating States.

303.202 Minimum grant that a State may receive.

303.203 Payments to the Secretary of the Interior.

303.204 Payments to the jurisdictions.

303.205 Differential funding grants.

SUBPART D—PROGRAM AND SERVICE COMPONENTS OF A STATEWIDE SYSTEM OF INTERVENTION SERVICES

General

303.300 State eligibility criteria and procedures.

303.301 Central directory.

303.302 Timetables for serving eligible children.

Identification and Evaluation

303.320 Public awareness program.

303.321 Comprehensive child find system.

303.322 Evaluation and assessment.

303.323 Non-discriminatory procedures.

Individualized Family Service Plans (IFSPs)

303.340 General.

303.341 Meeting the IFSP requirements for years four and five.

303.342 Procedures for IFSP development, review, and evaluation.

303.343 Participants in IFSP meetings and periodic reviews.

303.344 Content of an IFSP.

303.345 Provision of services before evaluation and assessment are completed.

303.346 Responsibility and accountability.

Personnel Training and Standards

303.360 Comprehensive system of personnel development.

303.361 Personnel standards.

SUBPART E—PROCEDURAL SAFEGUARDS

General

303.400 General responsibility of lead agency for procedural safeguards.

303.401 Definitions of consent, native language, and identifiable information.

303.402 Opportunity to examine records.

303.403 Prior notice; native language.

303.404 Parent consent.

303.405 Parent right to decline service.

303.406 Surrogate parents.

Impartial Procedures for Resolving Individual Child Complaints

303.420 Administrative resolution of individual child complaints by an impartial decision-maker.

303.421 Appointment of an impartial person.

303.422 Parent rights in administrative proceedings.

303.423 Convenience of proceedings; timelines.

303.424 Civil action.

303.425 Status of a child during proceedings.

Confidentiality

303.460 Confidentiality of information.

SUBPART F—STATE ADMINISTRATION

General

303.500 Lead agency establishment or designation.

303.501 Supervision and monitoring of programs.

Lead Agency Procedures for Resolving Complaints

303.510 Adopting complaint procedures.

303.511 An organization or individual may file a complaint.

303.512 Minimum State complaint procedures.

Policies and Procedures Related to Financial Matters

303.520 Policies related to payment for services.

303.521 Fees.

303.522 Identification and coordination of resources.

303.523 Interagency agreements.

303.524 Resolution of disputes.

303.525 Delivery of services in a timely manner.

303.526 Policy for contracting or otherwise arranging for services.

303.527 Payor of last resort.

303.528 Reimbursement procedure.

Reporting Requirements

303.540 Data collection.

Use of Funds for State Administration

303.560 Use of funds by the lead agency.

SUBPART G—STATE INTERAGENCY COORDINATING COUNCIL

General

303.600 Establishment of Council.
303.601 Composition.
303.602 Use of funds by the Council.
303.603 Meetings.
303.604 Conflict of interest.

Functions of the Council

303.650 General.
303.651 Advising and assisting the lead agency in its administrative duties.
303.652 Applications.
303.653 Transitional services.
303.654 Annual report to the Secretary.

Existing Councils

303.670 Use of existing councils.

Authority: 20 U.S.C. 1471-1485, unless otherwise noted.

Source: 58 FR 40959, July 30, 1993, unless otherwise noted.

SUBPART A—GENERAL PURPOSE, ELIGIBILITY, AND OTHER GENERAL PROVISIONS

Sec. 303.1 Purpose of the early intervention program for infants and toddlers with disabilities.

The purpose of this part is to provide financial assistance to States to—

a) Develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency program of early intervention services for infants and toddlers with disabilities and their families;

(b) Facilitate the coordination of payment for early intervention services from Federal, State, local, and private sources (including public and private insurance coverage);

(c) Enhance the States' capacity to provide quality early intervention services and expand and improve existing early intervention services being provided to infants and toddlers with disabilities and their families; and

(d) Enhance the capacity of State and local agencies and service providers to identify, evaluate, and meet the needs of historically underrepresented populations, particularly minority, low-income, inner-city, and rural populations.

(Authority: 20 U.S.C. 1471)

Sec. 303.2 Eligible recipients of an award.

Eligible recipients include the 50 States, the Commonwealth of Puerto Rico, the District of Columbia, the Secretary of the Interior, and the following jurisdictions: Guam, American Samoa, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, and Palau (until the Compact of Free Association with Palau takes effect pursuant to section 101(a) of Pub. L. 99-658).

(Authority: 20 U.S.C. 1401(a)(6), 1484)

Sec. 303.3 Activities that may be supported under this part.

Funds under this part may be used for the following activities:

(a) To plan, develop, and implement a statewide system of early intervention services for children eligible under this part and their families.

(b) For direct services for eligible children and their families that are not otherwise provided from other public or private sources.

(c) To expand and improve on services for eligible children and their families that are otherwise available, consistent with Sec. 303.527.

(d) To provide a free appropriate public education, in accordance with part B of the Act, to children with disabilities from their third birthday to the beginning of the following school year.

(Authority: 20 U.S.C. 1473, 1479)

Sec. 303.4 Limitation on eligible children.

This part 303 does not apply to any child with disabilities receiving a free appropriate public education, in accordance with 34 CFR part 300, with funds received under 34 CFR part 301.

(Authority: 20 U.S.C. 1419(g))

Sec. 303.5 Applicable regulations.

(a) The following regulations apply to this part:

(1) The Education Department General Administrative Regulations (EDGAR), including—

(i) Part 76 (State Administered Programs), except for Sec. 76.103;

(ii) Part 77 (Definitions that Apply to Department Regulations);

(iii) Part 79 (Intergovernmental Review of Department of Education Programs and Activities);

(iv) Part 80 (Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments);

(v) Part 81 (Grants and Cooperative Agreements under the General Education Provisions Act—Enforcement);

(vi) Part 82 (New Restrictions on Lobbying);

(vii) Part 85 (Governmentwide Debarment and Suspension (Nonprocurement) and Governmentwide Requirements for Drug-Free Work Place (Grants)); and

(viii) Part 86 (Drug-Free Schools and Campuses).

(2) The regulations in this part 303.

(3) The following regulations in 34 CFR part 300 (Assistance to States for Children with Disabilities Program): Secs. 300.560 through 300.576, and Secs. 300.581 through 300.586.

(b) In applying the regulations cited in paragraphs (a)(1) and (a)(3) of this section, any reference to—

(1) State educational agency means the lead agency under this part;

(2) Special education, related services, free appropriate public education, free public education, or education means "early intervention services" under this part;

(3) Participating agency, when used in reference to a local educational agency or an intermediate educational agency, means a local service provider under this part;

(4) Section 300.128 means Secs. 303.164 and 303.321; and

(5) Section 300.129 means Sec. 303.460.

(Authority: 20 U.S.C. 1401-1418, 1420, 1483)

Definitions

Note: Sections 303.6-303.24 contain definitions, including a definition of "natural environments" in Sec. 303.12(b)(2), that are used throughout these regulations. Other terms are defined in the specific subparts in which they are used. Below is a list of those terms and the specific sections in which they are defined:

Appropriate professional requirements in the State (Sec. 03.361(a)(1))

Assessment (Sec. 303.322(b)(2))

Consent (Sec. 303.401(a))

Evaluation (Sec. 303.322(b)(1))

Frequency and intensity (Sec. 303.344(d)(2)(i))

Highest requirements in the State applicable to a profession or discipline (Sec. 303.361)(a)(2))

Individualized family service plan and IFSP (Sec. 303.340(b))

Impartial (Sec. 303.421(b))

Location (Sec. 303.344(d)(3))

Method (Sec. 303.344(d)(2)(ii))

Native language (Sec. 303.401(b))

Personally identifiable (Sec. 303.401(c))

Primary referral sources (Sec. 303.321(d)(3))

Profession or discipline (Sec. 303.361(a)(3))

Special definition of "aggregate amount" (Sec. 303.200(b)(1))

Special definition of "infants and toddlers" (Sec. 303.200(b)(2))

Special definition of "State" (Sec. 303.200(b)(3))

State approved or recognized certification, licensing, registration, or other comparable requirements (Sec. 303.361(a)(4))

Sec. 303.6 Act.

As used in this part, Act means the Individuals with Disabilities Education Act.

(Authority: 20 U.S.C. 1400)

Sec. 303.7 Children.

As used in this part, children meansinfants and toddlers with disabilities as that term is defined in Sec. 303.16.

(Authority: 20 U.S.C. 1472(1))

Sec. 303.8 Council.

As used in this part, Council means the State Interagency Coordinating Council.

(Authority: 20 U.S.C. 1472(4))

Sec. 303.9 Days.

As used in this part, days means calendar days.

(Authority: 20 U.S.C. 1471-1485)

Sec. 303.10 Developmental delay.

As used in this part, developmental delay has the meaning given to that term by a State under Sec. 303.300.

(Authority: 20 U.S.C. 1472(3))

Sec. 303.11 Early intervention program.

As used in this part, early intervention program means the total effort in a State that is directed at meeting the needs of children eligible under this part and their families.

(Authority: 20 U.S.C. 1471-1485)

Sec. 303.12 Early intervention services.

(a) General. As used in this part, early intervention services means services that—

(1) Are designed to meet the developmental needs of each child eligible under this part and the needs of the family related to enhancing the child's development;

(2) Are selected in collaboration with the parents;

(3) Are provided—

(i) Under public supervision;

(ii) By qualified personnel, as defined in Sec. 303.21, including the types of personnel listed in paragraph (e) of this section;

(iii) In conformity with an individualized family service plan; and

(iv) At no cost, unless, subject to Sec. 303.520(b)(3), Federal or State law provides for a system of payments by families, including a schedule of sliding fees; and

(4) Meet the standards of the State, including the requirements of this part.

(b) Natural environments. (1) To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate.

(2) As used in paragraph (b)(1) of this section, natural environments means settings that are natural or normal for the child's age peers who have no disability.

(c) General role of service providers. To the extent appropriate, service providers in each area of early intervention services included in paragraph (d) of this section are responsible for—

(1) Consulting with parents, other service providers, and representatives of appropriate community agencies to ensure the effective provision of services in that area;

(2) Training parents and others regarding the provision of those services; and

(3) Participating in the multidisciplinary team's assessment of a child and the child's family, and in the development of integrated goals and outcomes for the individualized family service plan.

(d) Types of services; definitions. Following are types of services included under "early intervention services," and, if appropriate, definitions of those services:

(1) Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities. Assistive technology service means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include—

(i) The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;

(ii) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;

(iii) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;

(iv) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;

(v) Training or technical assistance for a child with disabilities or, if appropriate, that child's family; and

(vi) Training or technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities.

(2) Audiology includes—

(i) Identification of children with auditory impairment, using at risk criteria and appropriate audiologic screening techniques;

(ii) Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;

(iii) Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;

(iv) Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;

(v) Provision of services for prevention of hearing loss; and

(vi) Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.

(3) Family training, counseling, and home visits means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible under this part in understanding the special needs of the child and enhancing the child's development.

(4) Health services (See Sec. 303.13).

(5) Medical services only for diagnostic or evaluation purposes means services provided by a licensed physician to determine a child's developmental status and need for early intervention services.

(6) Nursing services includes—

(i) The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;

(ii) Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and

(iii) Administration of medications, treatments, and regimens prescribed by a licensed physician.

(7) Nutrition services includes—

(i) Conducting individual assessments in—

(A) Nutritional history and dietary intake;

(B) Anthropometric, biochemical, and clinical variables;

(C) Feeding skills and feeding problems; and

(D) Food habits and food preferences;

(ii) Developing and monitoring appropriate plans to address the nutritional needs of children eligible under this part, based on the findings in paragraph (d)(7)(i) of this section; and

(iii) Making referrals to appropriate community resources to carry out nutrition goals.

(8) Occupational therapy includes services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include—

(i) Identification, assessment, and intervention;

(ii) Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and

(iii) Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

(9) Physical therapy includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include—

(i) Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction;

(ii) Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and

(iii) Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

(10) Psychological services includes—

(i) Administering psychological and developmental tests and other assessment procedures;

(ii) Interpreting assessment results;

(iii) Obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and

(iv) Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.

(11) Service coordination services means assistance and services provided by a service coordinator to a child eligible under this part and the child's family that are in addition to the functions and activities included under Sec. 303.22.

(12) Social work services includes—

(i) Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;

(ii) Preparing a social or emotional developmental assessment of the child within the family context;

(iii) Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;

(iv) Working with those problems in a child's and family's living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and

(v) Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

(13) Special instruction includes—

(i) The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;

(ii) Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan;

(iii) Providing families with information, skills, and support related to enhancing the skill development of the child; and

(iv) Working with the child to enhance the child's development.

(14) Speech-language pathology includes—

(i) Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;

(ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and

(iii) Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.

(15) Transportation and related costs includes the cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable a child eligible under this part and the child's family to receive early intervention services.

(16) Vision services means—

(i) Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;

(ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and

(iii) Communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

(e) Qualified personnel. Early intervention services must be provided by qualified personnel, including—

(1) Audiologists;

(2) Family therapists;

(3) Nurses;

(4) Nutritionists;

(5) Occupational therapists;

(6) Orientation and mobility specialists;

(7) Pediatricians and other physicians;

(8) Physical therapists;

(9) Psychologists;

(10) Social workers;

(11) Special educators; and

(12) Speech and language pathologists.

(Authority: 20 U.S.C. 1401 (a)(25), and (a)(26), 1472(2); H.R. Rep. No. 198, 102d Cong., 1st Sess. 14 (1991); S. Rep. No. 84, 102d Cong., 1st Sess. 21-22 (1991))

Note: The lists of services in paragraph (d) and qualified personnel in paragraph (e) of this section are not exhaustive. Early intervention services may include such services as the provision of respite and other family support services. Qualified personnel may include such personnel as vision specialists, paraprofessionals, and parent-to-parent support personnel.

(Sec). 303.13 Health services.

(a) As used in this part, health services means services necessary to enable a child to benefit from the other early intervention services under this part during the time that the child is receiving the other early intervention services.

(b) The term includes—

(1) Such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and

(2) Consultation by physicians

with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services.

(c) The term does not include the following:

(1) Services that are—

(i) Surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus); or

(ii) Purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose).

(2) Devices necessary to control or treat a medical condition.

(3) Medical-health services (such as immunizations and regular "well-baby" care) that are routinely recommended for all children.

(Authority: 20 U.S.C. 1472(2))

Note: The definition in this section distinguishes between the health services that are required under this part and the medical-health services that are not required. The IFSP requirements in subpart D of this part provide that, to the extent appropriate, these other medical- health services are to be included in the IFSP, along with the funding sources to be used in paying for the services or the steps that will be taken to secure the services through public or private sources. Identifying these services in the IFSP does not impose an obligation to provide the services if they are otherwise not required to be provided under this part. (See Sec. 303.344(e) and the note 3 following that section.)

Sec. 303.14 IFSP.

As used in this part, IFSP means the individualized family service plan, as that term is defined in Sec. 303.340(b).

(Authority: 20 U.S.C. 1477)

Sec. 303.15 Include; including.

As used in this part, include or including means that the items named are not all of the possible items that are covered whether like or unlike the ones named.

(Authority: 20 U.S.C. 1471-1485)

Sec. 303.16 Infants and toddlers with disabilities.

(a) As used in this part, infants and toddlers with disabilities means individuals from birth through age two who need early intervention services because they—

(1) Are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas:

(i) Cognitive development.

(ii) Physical development, including vision and hearing.

(iii) Communication development.

(iv) Social or emotional development.

(v) Adaptive development; or

(2) Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

(b) The term may also include, at a State's discretion, children from birth through age two who are at risk of having substantial developmental delays if early intervention services are not provided.

(Authority: 20 U.S.C. 1472(1))

Note 1: The phrase "a diagnosed physical or mental condition that has a high probability of resulting in developmental delay," as used in paragraph (a)(2) of this section, applies to a condition if it typically results in developmental delay. Examples of these conditions include chromosomal abnormalities; genetic or congenital disorders; severe sensory impairments, including hearing and vision; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; disorders secondary to exposure to toxic substances, including fetal alcohol syndrome; and severe attachment disorders.

Note 2: With respect to paragraph (b) of this section, children who are at risk may be eligible under this part if a State elects to extend services to that population, even though they have not been identified as disabled.

Under this provision, States have the authority to define who would be "at risk of having substantial developmental delays if early intervention services are not provided." In defining the "at risk" population, States may include well-known biological and environmental factors that can be identified and that place infants and toddlers "at risk" for developmental delay. Commonly cited factors include low birth weight, respiratory distress as a newborn, lack of oxygen, brain hemorrhage, infection, nutritional deprivation, and a history of abuse or neglect. It should be noted that "at risk" factors do not predict the presence of a barrier to development, but they may indicate children who are at higher risk of developmental delay than children without these problems.

Sec. 303.17 Multidisciplinary.

As used in this part, multidisciplinary means the involvement of two or more disciplines or professions in the provision of integrated and coordinated services, including evaluation and assessment activities in Sec. 303.322 and development of the IFSP in Sec. 303.342.

(Authority: 20 U.S.C. 1476(b)(3), 1477(a))

Sec. 303.18 Parent.

As used in this part, parent means a parent, a guardian, a person acting as a parent of a child, or a surrogate parent who has been appointed in accordance with Sec. 303.406. The term does not include the State if the child is a ward of the State.

(Authority: 20 U.S.C. 1477)

Note: The term parent has been defined to include persons acting in the place of a parent, such as a grandparent or stepparent with whom a child lives, as well as persons who are legally responsible for the child's welfare. The definition in this section is identical to the definition used in the regulations under part B of the Act (34 CFR 300.13).

Sec. 303.19 Policies.

(a) As used in this part, policies means State statutes, regulations, Governor's orders, directives by the lead agency, or other written documents that represent the State's position concerning any matter covered under this part.

(b) State policies include—

(1) A State's commitment to develop and implement the statewide system (see Sec. 303.150);

(2) A State's eligibility criteria and procedures (see Sec. 303.300);

(3) A statement that, consistent with Sec. 303.520(b), provides that services under this part will be provided at no cost to parents, except where a system of payments is provided for under Federal or State law.

(4) A State's standards for personnel who provide services to children eligible under this part (see Sec. 303.361);

(5) A State's position and procedures related to contracting or making other arrangements with service providers under subpart F of this part; and

(6) Other positions that the State has adopted related to implementing any of the other requirements under this part.

(Authority: 20 U.S.C. 1471-1485)

Sec. 303.20 Public agency.

As used in this part, public agency includes the lead agency and any other political subdivision of the State that is responsible for providing early intervention services to children eligible under this part and their families.

(Authority: 20 U.S.C. 1471-1485)

Sec. 303.21 Qualified.

As used in this part, qualified means that a person has met State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which the person is providing early intervention services.

(Authority: 20 U.S.C. 1472(2))

Note: These regulations contain the following provisions relating to a State's responsibility to ensure that personnel are qualified to provide early intervention services:

1. Section 303.12(a)(4) provides that early intervention services must meet State standards. This provision implements a requirement that is similar to a longstanding provision under part B of the Act (i.e., that the State educational agency establish standards and ensure that those standards are currently met for all programs providing special education and related services).

2. Section 303.12(a)(3)(ii) provides that early intervention services must be provided by qualified personnel.

3. Section 303.361(b) requires statewide systems to have policies and procedures relating to personnel standards.

Sec. 303.22 Service coordination (case management).

(a) General. (1) As used in this part, except in Sec. 303.12(d)(11), service coordination means the activities carried out by a service coordinator to assist and enable a child eligible under this part and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the State's early intervention program.

(2) Each child eligible under this part and the child's family must be provided with one service coordinator who is responsible for—

(i) Coordinating all services across agency lines; and

(ii) Serving as the single point of contact in helping parents to obtain the services and assistance they need.

(3) Service coordination is an active, ongoing process that involves—

(i) Assisting parents of eligible children in gaining access to the early intervention services and other services identified in the individualized family service plan;

(ii) Coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided;

(iii) Facilitating the timely delivery of available services; and

(iv) Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.

(b) Specific service coordination activities. Service coordination activities include—

(1) Coordinating the performance of evaluations and assessments;

(2) Facilitating and participating in the development, review, and evaluation of individualized family service plans;

(3) Assisting families in identifying available service providers;

(4) Coordinating and monitoring the delivery of available services;

(5) Informing families of the availability of advocacy services;

(6) Coordinating with medical and health providers; and

(7) Facilitating the development of a transition plan to preschool services, if appropriate.

(c) Employment and assignment of service coordinators. (1) Service coordinators may be employed or assigned in any way that is permitted under State law, so long as it is consistent with the requirements of this part.

(2) A State's policies and procedures for implementing the statewide system of early intervention services must be designed and implemented to ensure that service coordinators are able to effectively carry out on an interagency basis the functions and services listed under paragraphs (a) and (b) of this section.

(d) Qualifications of service coordinators. Service coordinators must be persons who, consistent with Sec. 303.344(g), have demonstrated knowledge and understanding about—

(1) Infants and toddlers who are eligible under this part;

(2) Part H of the Act and the regulations in this part; and

(3) The nature and scope of services available under the State's early intervention program, the system of payments for services in the State, and other pertinent information.

(Authority: 20 U.S.C. 1472(2))

Note 1: If States have existing service coordination systems, the States may use or adapt those systems, so long as they are consistent with the requirements of this part.

Note 2: The legislative history of the 1991 amendments to the Act indicates that the use of the term "service coordination" was not intended to affect the authority to seek reimbursement for services provided under Medicaid or any other legislation that makes reference to "case management" services. See H.R. Rep. No. 198, 102d Cong., 1st Sess. 12 (1991); S. Rep. No. 84, 102d Cong., 1st Sess. 20 (1991).

Sec. 303.23 State.

Except as provided in Sec. 303.200(b)(3), State means each of the 50 States, the Commonwealth of Puerto Rico, the District of Columbia, and the jurisdictions of Guam, American Samoa, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, and Palau (until the Compact of Free Association with Palau takes effect pursuant to section 101(a) of Pub. L. 99-658).

(Authority: 20 U.S.C. 1401(a)(6))

Sec. 303.24 EDGAR definitions that apply.

The following terms used in this part are defined in 34 CFR 77.1:

Applicant
Award
Contract
Department
EDGAR
Fiscal year
Grant
Grantee
Grant period
Private
Public
Secretary

(Authority: 20 U.S.C. 1471-1485)

SUBPART B—STATE APPLICATION FOR A GRANT

General Requirements

Sec. 303.100 Conditions of assistance.

(a) In order to receive funds under this part for any fiscal year, a State must—

(1) Have an approved application that contains the information required in this subpart for the year in which the State is applying; and

(2) Have on file with the Secretary the statement of assurances required under Secs. 303.120 through 303.128.

(b) For years one through five, a State shall submit an annual application. Thereafter, a State may submit a three-year application.

(Authority: 20 U.S.C. 1478)

Sec. 303.101 How the Secretary disapproves a State's application or statement of assurances.

The Secretary follows the procedures in 34 CFR 300.581 through 300.586 before disapproving a State's application or statement of assurances submitted under this part.

(Authority: 20 U.S.C. 1478)

Public Participation

Sec. 303.110 General requirements and timelines for public participation.

(a) Before submitting to the Secretary its application under this part, and before adopting a new or revised policy that is not in its current application, a State shall—

(1) Publish the application or policy in a manner that will ensure circulation throughout the State for at least a 60-day period, with an opportunity for comment on the application or policy for at least 30 days during that period;

(2) Hold public hearings on the application or policy during the 60-day period required in paragraph (a)(1) of this section; and

(3) Provide adequate notice of the hearings required in paragraph (a)(2) of this section at least 30 days before the dates that the hearings are conducted.

(b) A State may request the Secretary to waive compliance with the timelines in paragraph (a) of this section. The Secretary grants the request if the State demonstrates that—

(1) There are circumstances that would warrant such an exception; and

(2) The timelines that will be followed provide an adequate opportunity for public participation and comment.

(Authority: 20 U.S.C. 1478(a)(4))

Sec. 303.111 Notice of public hearings and opportunity to comment.

The notice required in Sec. 303.110(a)(3) must—

(a) Be published in newspapers or announced in other media, or both, with coverage adequate to notify the general public throughout the State about the hearings and opportunity to comment on the application or policy; and

(b) Be in sufficient detail to inform the public about—

(1) The purpose and scope of the State application or policy, and its relationship to prt H of the Act;

(2) The length of the comment period and the date, time, and location of each hearing; and

(3) The procedures for providing oral comments or submitting written comments.

(Authority: 20 U.S.C. 1478(a)(4)(A))

Sec. 303.112 Public hearings.

Each State shall hold public hearings in a sufficient number and at times and places that afford interested parties throughout the State a reasonable opportunity to participate.

(Authority: 20 U.S.C. 1478(a)(4))

Sec. 303.113 Reviewing and reporting on public comments received.

(a) Review of comments. Before adopting its application, and before the adoption of a new or revised policy not in the application, the lead agency shall—

(1) Review and consider all public comments; and

(2) Make any modifications it deems necessary in the application or policy.

(b) Reporting on comments to the Secretary. In submitting the State's application or policy to the Secretary, the lead agency shall include—

(1) A summary of the public comments received as a result of the

activities required in Secs. 303.110 through 303.112;

(2) The State's responses to those comments; and

(3) Copies of news releases, advertisements, and announcements used to provide notice.

(Authority: 20 U.S.C. 1478(a))

Statement of Assurances

Sec. 303.120 General.

(a) A State's statement of assurances must contain the information required in Secs. 303.121 through 303.128.

(b) Unless otherwise required by the Secretary, the statement is submitted only once, and remains in effect throughout the term of a State's participation under this part.

(c) A State may submit a revised statement of assurances if the statement is consistent with the requirements in Secs. 303.121 through 303.128.

(Authority: 20 U.S.C. 1478(b))

Sec. 303.121 Reports and records.

The statement must provide for—

(a) Making reports in such form and containing such information as the Secretary may require; and

(b) Keeping such records and affording such access to those records as the Secretary may find necessary to assure compliance with the requirements of this part, the correctness and verification of reports, and the proper disbursement of funds provided under this part.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1478(b)(4))

Sec. 303.122 Control of funds and property.

The statement must provide assurance satisfactory to the Secretary that—

(a) The control of funds provided under this part, and title to property acquired with those funds, will be in a public agency for the uses and purposes provided in this part; and

(b) A public agency will administer the funds and property.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1478(b)(3))

Sec. 303.123 Prohibition against commingling.

The statement must include an assurance satisfactory to the Secretary that funds made available under this part will not be commingled with State funds.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1478(b)(5)(A))

Note: As used in this part, commingle means depositing or recording funds in a general account without the ability to identify each specific source of funds for any expenditure. Under that general definition, it is clear that commingling is prohibited. However, to the extent that the funds from each of a series of Federal, State, local, and private funding sources can be identified—with a clear audit trail for each source—it is appropriate for those funds to be consolidated for carrying out a common purpose. In fact, a State may find it essential to set out a funding plan that incorporates, and accounts for, all sources of funds that can be targeted on a given activity or function related to the State's early intervention program.

Thus, the assurance in this section is satisfied by the use of an accounting system that includes an "audit trail" of the expenditure of funds awarded under this part. Separate bank accounts are not required.

Sec. 303.124 Prohibition against supplanting.

(a) The statement must include an assurance satisfactory to the Secretary that Federal funds made available under this part will be used to supplement and increase the level of State and local funds expended for children eligible under this part and their families and in no case to supplant those State and local funds.

(b) To meet the requirement in paragraph (a) of this section, the total amount of State and local funds budgeted for expenditures in the current fiscal year for early intervention services for children eligible under this part and their families must be at least equal to the total amount of State and local funds actually expended for early intervention services for these children and their families in the most recent preceding fiscal year for which the information is available. Allowance may be made for—

(1) Decreases in the number of children who are eligible to receive early intervention services under this part; and

(2) Unusually large amounts of funds expended for such long-term purposes as the acquisition of equipment and the construction of facilities.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1478(b)(5)(B))

Sec. 303.125 Fiscal control.

The statement must provide assurance satisfactory to the Secretary that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this part.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1478(b)(6))

Sec. 303.126 Payor of last resort.

The statement must include an assurance satisfactory to the Secretary that the State will comply with the provisions in Sec. 303.527, including the requirements on—

(a) Nonsubstitution of funds; and

(b) Non-reduction of other benefits.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1478(b)(2))

Sec. 303.127 Assurance regarding expenditure of funds.

The statement must include an assurance satisfactory to the Secretary that the funds paid to the State under this part will be expended in accordance with the provisions of this part, including the requirements in Sec. 303.3.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1478(b)(1))

Sec. 303.128 Traditionally underserved groups.

The statement must include an assurance satisfactory to the Secretary that policies and practices have been adopted to ensure—

(a) That traditionally underserved groups, including minority, low-income, and rural families, are meaningfully involved in the planning and implementation of all the requirements of this part; and

(b) That these families have access to culturally competent services within their local geographical areas.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1478(b)(7))

General Requirements for a State Application

Sec. 303.140 General.

A State's application under this part must contain the information required in Secs. 303.141 through 303.148.

(Authority: 20 U.S.C. 1478(a))

Sec. 303.141 Information about the Council.

Each application must include information demonstrating that the State has established a State Interagency Coordinating Council that meets the requirements of subpart G of this part.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1478(a)(3))

Sec. 303.142 Designation of lead agency.

Each application must include a designation of the lead agency in the State that will be responsible for the administration of funds provided under this part.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1478(a)(1))

Sec. 303.143 Designation regarding financial responsibility.

Each application must include a designation by the State of an individual or entity responsible for assigning financial responsibility among appropriate agencies.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1478(a)(2))

Sec. 303.144 Assurance regarding use of funds.

Each application must include an assurance that funds received under this part will be used to assist the State to plan, develop, and implement the statewide system required under subparts D through F of this part.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1475, 1478(a)(4))

Sec. 303.145 Description of use of funds.

(a) General. Each application must include a description of how a State proposes to use its funds under this part for the fiscal year or years covered by the application. The description must be presented separately for the lead agency and the Council, and include the information required in paragraphs (b) through (d) of this section.

(b) Administrative positions. Each application must include—

(1) A list of administrative positions, with salaries, and a description of the duties for each person whose salary is paid in whole or in part with funds awarded under this part; and

(2) For each position, the percentage of salary paid with those funds.

(c) Planning, development, and implementation activities. Each application must include—

(1) A description of the nature and scope of each major activity to be carried out under this part in planning, developing, and implementing the statewide system of early intervention services; and

(2) The approximate amount of funds to be spent for each activity.

(d) Direct services. (1) Each application must include a description of any direct services that the State expects to provide to eligible children and their families with funds under this part, consistent with Secs. 303.521 and 303.527.

(2) The description must include information about each type of service to be provided, including—

(i) A summary of the methods to be used to provide the service (e.g., contracts or other arrangements with specified public or private organizations); and

(ii) The approximate amount of funds under this part to be used for the service.

(e) Activities by other agencies. If other agencies are to receive funds under this part, the application must include—

(1) The name of each agency expected to receive funds;

(2) The approximate amount of funds each agency will receive; and

(3) A summary of the purposes for which the funds will be used.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1478(a)(4) and (a)(6))

Sec. 303.146 Information about public participation.

Each application must include the information on public participation that is required in Sec. 303.113(b).

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1478(a)(5))

Sec. 303.147 Equitable distribution of resources.

(a) Each application must include a description of the procedures used by the State to ensure an equitable distribution of resources made available under this part among all geographic areas within the State.

(b) In determining equitable distribution of resources, a State must take into account the need for services across all geographical areas within the State.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1478(a)(7))

Sec. 303.148 Transition to preschool programs.

Each application must include the policies and procedures used to ensure a smooth transition for individuals participating in the early intervention program under this part who are eligible for participation in preschool programs under part B of the Act, including—

(a) A description of how the families will be included in the transitional plans;

(b) A description of how the lead agency under this part will—

(1) Notify the appropriate local educational agency or intermediate educational unit in which the child resides; and

(2) Convene, with the approval of the family, a conference among the lead agency, the family, and the local educational agency or unit at least 90 days before the child's third birthday or, if earlier, the date on which the child is eligible for the preschool program under part B of the Act in accordance with State law, to—

(i) Review the child's program options for the period from the child's third birthday through the remainder of the school year; and

(ii) Establish a transition plan; and

(c) If the State educational agency, which is responsible for administering preschool programs under part B of the Act, is not the lead agency under this part, an interagency agreement between the two agencies to ensure coordination on transition matters.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1478(a)(8))

Note 1: Among the matters that should be considered in developing policies and procedures to ensure a smooth transition of children from one program to the other are the following:

- The financial responsibilities of all appropriate agencies, consistent with Secs. 303.523 and 300.152.
- The responsibility for performing evaluations of children (see Secs. 303.322 and 300.531).
- The development and implementation of an individualized education program ("IEP") or an individualized family service plan ("IFSP") for each child, consistent with the requirements of law (see Sec. 303.344(h) and sections 613(a)(15) and 614(a)(5) of the Act).
- The coordination of communication between agencies and the child's family.
- The mechanisms to ensure the uninterrupted provision of appropriate services to the child.

Note 2: While the transition requirements of the Act and this section pertain to children who are eligible for preschool programs under part B, States are encouraged to adopt policies and procedures to facilitate a smooth transition of other children who are exiting the part H program as well.

Specific Application Requirements for Years One Through Five and Thereafter

Sec. 303.149 Application requirements for first and second years.

A State's annual application for the first and second years of participation under this part must contain the information required in Secs. 303.141 through 303.148.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1475, 1478(a))

Sec. 303.150 Third year applications.

(a) General. A State's third year application under this part must contain the following:

(1) The information required in Secs. 303.141 through 303.148.

(2) Either—

(i) The information and assurances regarding the statewide system of early intervention services, as required in paragraph (b) of this section; or

(ii) If the State is eligible for a waiver, a request for a waiver, in accordance with the requirements in Sec. 303.151.

(3) Other information that the Secretary may require.

(b) Adoption of policy on statewide system. Each third year application must include information and assurances demonstrating to the satisfaction of the Secretary that—

(1) It is the policy of the State to develop and implement a statewide, comprehensive, coordinated, interagency, multidisciplinary system for providing early intervention services to all children eligible under this part and their families;

(2) The policy in paragraph (b)(1) of this section incorporates all of the components of the statewide system of early intervention services that are required under this part; and

(3) Subject to Sec. 303.341(a), the statewide system will be in effect no later than the beginning of the State's fourth year of participation under this part.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1475(b), 1478(a))

Sec. 303.151 Waiver of the policy adoption requirement for the third year.

The Secretary may award a grant to a State under this part for the third year even if the State has not adopted the policy required in Sec. 303.150(b), if the State, in its third year application, includes a statement requesting a waiver, including—

(a) Information demonstrating that the State has made a good faith effort to adopt a policy that meets the requirements in Sec. 303.150(b)(1) and (b)(2);

(b) The reasons why the State was unable to meet the timeline for policy adoption, and the steps remaining before the policy will be adopted; and

(c) An assurance that, except as provided in Sec. 303.341(a), the policy required in Sec. 303.150(b)(1) and (b)(2) will be adopted and go into effect no later than the beginning of the State's fourth year of participation under this part.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1475(b)(2))

Note: An example of when the Secretary may grant a waiver is a situation in which a State's policy is awaiting action by the State legislature, but the legislative session does not commence until after the State's application must be submitted.

Sec. 303.152 Fourth year applications.

A State's application for the fourth year of participation under this part must contain—

(a) The information required in Secs. 303.141 through 303.148;

(b) Information and assurances to demonstrate that—

(1) The requirements in Sec. 303.150(b)(1) and (b)(2) are met; and

(2) Subject to Sec. 303.341(a), the statewide system of early intervention services is in effect, or will be in effect no later than the beginning of the fourth year of the State's participation under this part;

(c) Information and assurances required in Secs. 303.161 through 303.176; and

(d) Other information that the Secretary may require.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1475(b), 1478(a))

Sec. 303.153 States with mandates as of September 1, 1986, to serve children with disabilities from birth.

(a) Subject to the requirements in paragraph (b) of this section, a State that has in effect a State law, enacted before September 1, 1986, that requires the provision of a free appropriate public education to children with disabilities from birth through age two is eligible for a grant under this part for the first through the fourth year of its participation.

(b) A State meeting the conditions in paragraph (a) of this section must—

(1) Have on file with the Secretary a statement of assurances containing the information required in Secs. 303.121 through 303.128;

(2) Submit an annual application for years one through four that contains the information in Secs. 303.141 through 303.148;

(3) Meet the public participation requirements in Secs. 303.110 through 303.113; and

(4) Provide a copy of the State law that requires the provision of a free appropriate public education to children with disabilities from birth through age two.

(c) In order to receive funds under this part for the fifth and succeeding years, the State must submit an application that meets the requirements in Sec. 303.154.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1475(d))

Sec. 303.154 Applications for year five and each year thereafter.

(a) Fifth year application. A State's application for the fifth year of its participation under this part must contain—

(1) The information and assurances required in Secs. 303.141 through 303.148 and Secs. 303.161 through 303.176;

(2) Information and assurances demonstrating to the satisfaction of the Secretary that the statewide system of early intervention services required in this part is in effect;

(3) A policy that, no later than the beginning of the fifth year of the State's participation, appropriate early intervention services will be available to all children in the State who are eligible under this part and their families;

(4) A description of the services to be provided no later than the beginning of the fifth year, in accordance with the timetables under Sec. 303.302; and

(5) Other information that the Secretary may require.

(b) Applications for succeeding years. A State's applications for the succeeding years of participation under this program must contain information and assurances demonstrating to the satisfaction of the Secretary that the State will continue to meet all applicable conditions in paragraph (a) of this section.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1475(c), 1476(b)(2), and 1478(a))

Sec. 303.155 Differential funding.

Notwithstanding any other provision of this part, an eligible entity that is experiencing significant hardships in meeting the eligibility requirements for a grant under this part for the fourth or fifth year of participation may qualify for a grant for fiscal years 1990, 1991, or 1992 under section 675(e) of the Act.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1475(e))

Components of a Statewide System—Application Requirements for Years Four, Five, and Thereafter

Sec. 303.160 Minimum components of a statewide system.

Each application must address the minimum components of a statewide system of coordinated, comprehensive, multidisciplinary, interagency programs providing appropriate early intervention services to all infants and toddlers with disabilities and their families, including Indian infants and toddlers with disabilities on reservations. The minimum components of a statewide system are described in Secs. 303.161 through 303.176.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(a), 1478(a)(9))

Sec. 303.161 State definition of developmental delay.

Each application must include the State's definition of "developmental delay," as described in Sec. 303.300.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(1))

Sec. 303.162 Central directory.

Each application must include information and assurances demonstrating to the satisfaction of the Secretary that the State has developed a central directory of information that meets the requirements in Sec. 303.301.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(7))

Sec. 303.163 Timetables for serving eligible children.

Each application must include an assurance that the timetables required in Sec. 303.302 have been established and will be met.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(2))

Sec. 303.164 Public awareness program.

Each application must include information and assurances demonstrating to the satisfaction of the Secretary that the State has established a public awareness program that meets the requirements in Sec. 303.320.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(6))

Sec. 303.165 Comprehensive child find system.

Each application must include—

(a) The policies and procedures required in Sec. 303.321(b);

(b) Information demonstrating that the requirements on coordination in Sec. 303.321(c) are met;

(c) The referral procedures required in Sec. 303.321(d), and either—

(1) A description of how the referral sources are informed about the procedures; or

(2) A copy of any memorandum or other document used by the lead agency to transmit the procedures to the referral sources; and

(d) The timelines in Sec. 303.321(e).

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(5))

Sec. 303.166 Evaluation, assessment, and nondiscriminatory procedures.

Each application must include information to demonstrate that the requirements in Secs. 303.322 and 303.323 are met.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(3); 1477 (a)(1), (d)(2), and (d)(3))

Sec. 303.167 Individualized family service plans.

Each application must include—

(a) An assurance that the IFSP requirements in Sec. 303.341 will be met; and

(b) Information demonstrating that—

(1) The State's procedures for developing, reviewing, and evaluating IFSPs are consistent with the requirements in Secs. 303.340, 303.342, 303.343 and 303.345; and

(2) The content of IFSPs used in the State is consistent with the requirements in Sec. 303.344.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(4), 1477(d))

Sec. 303.168 Comprehensive system of personnel development (CSPD).

Each application must include information to show that the requirements in Sec. 303.360(b) are met.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(8))

Sec. 303.169 Personnel standards.

(a) Each application must include policies and procedures that are consistent with the requirements in Sec. 303.361.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(13))

Sec. 303.170 Procedural safeguards.

Each application must include procedural safeguards that—

(a) Are consistent with Secs. 303.400 through 303.406, 303.420 through 303.425 and 303.460; and

(b) Incorporate either—

(1) The due process procedures in

34 CFR 300.506 through 300.512; or

(2) The procedures that the State has developed to meet the requirements in Secs. 303.420(b) and 303.421 through 303.425.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(12))

Sec. 303.171 Supervision and monitoring of programs.

Each application must include information to show that the requirements in Sec. 303.501 are met.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20. U.S.C. 1476(b)(9)(A))

Sec. 303.172 Lead agency procedures for resolving complaints.

Each application must include procedures that are consistent with the requirements in Secs. 303.510 through 303.512.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(9))

Sec. 303.173 Policies and procedures related to financial matters.

Each application must include—

(a) Funding policies that meet the requirements in Secs. 303.520 and 303.521;

(b) Information about funding sources, as required in Sec. 303.522;

(c) Procedures to ensure the timely delivery of services, in accordance with Sec. 303.525; and

(d) A procedure related to the timely reimbursement of funds under this part, in accordance with Secs. 303.527(b) and 303.528.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(9)(D) and (b)(9)(E), 1476(b)(11), 1481)

Sec. 303.174 Interagency agreements; resolution of individual disputes.

Each application must include—

(a) A copy of each interagency agreement that has been developed under Sec. 303.523; and

(b) Information to show that the requirements in Sec. 303.524 are met.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(9)(E))

Sec. 303.175 Policy for contracting or otherwise arranging for services.

Each application must include a policy that meets the requirements in Sec. 303.526.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(10))

Sec. 303.176 Data collection.

Each application must include procedures that meet the requirements in Sec. 303.540.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(14))

Participation by the Secretary of the Interior

Sec. 303.180 Payments to the Secretary of the Interior for Indian tribes and tribal organizations.

(a) The Secretary makes payments to the Secretary of the Interior for the coordination of assistance in the provision of early intervention services by the States to infants and toddlers with disabilities and their families on reservations served by elementary and secondary schools for Indian children operated or funded by the Department of the Interior.

(b)(1) The Secretary of the Interior shall distribute payments under this part to tribes or tribal organizations (as defined under section 4 of the Indian Self-Determination and Education Assistance Act), or combinations of those entities, in accordance with section 684(b) of the Act.

(2) A tribe or tribal organization is eligible to receive a payment under this section if the tribe is on a reservation that is served by an elementary or secondary school operated or funded by the Bureau of Indian Affairs ("BIA").

(c)(1) Within 90 days after the end of each fiscal year the Secretary of the Interior shall provide the Secretary with a report on the payments distributed under this section.

(2) The report must include—

(i) The name of each tribe, tribal organization, or combination of those entities that received a payment for the fiscal year;

(ii) The amount of each payment; and

(iii) The date of each payment.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1484(b); H.R. Rep. No. 198, 102d Cong., 1st Sess. 22 (1991))

SUBPART C—PROCEDURES FOR MAKING GRANTS TO STATES

Sec. 303.200 Formula for State allocations.

(a) For each fiscal year, from the aggregate amount of funds available under this part for distribution to the States, the Secretary allots to each State an amount that bears the same ratio to the aggregate amount as the number of infants and toddlers in the State bears to the number of infants and toddlers in all States.

(b) For the purpose of allotting funds to the States under paragraph (a) of this section—

(1) Aggregate amount means the amount available for distribution to the States after the Secretary determines the amount of payments to be made to the Secretary of the Interior under Sec. 303.203 and to

the jurisdictions under Sec. 303.204;

(2) Infants and toddlers means children from birth through age two in the general population, based on the most recent satisfactory data as determined by the Secretary; and

(3) State means each of the 50 States, the District of Columbia, and the Commonwealth of Puerto Rico.

(Authority: 20 U.S.C. 1484(c))

Sec. 303.201 Distribution of allotments from non-participating States.

If a State elects not to receive its allotment, the Secretary reallots those funds among the remaining States, in accordance with Sec. 303.200(a).

(Authority: 20 U.S.C. 1484(d))

Sec. 303.202 Minimum grant that a State may receive.

No State receives less than 0.5 percent of the aggregate amount available under Sec. 303.200 or $500,000, whichever is greater.

(Authority: 20 U.S.C. 1484(c)(1))

Sec. 303.203 Payments to the Secretary of the Interior.

The amount of the payment to the Secretary of the Interior under Sec. 303.180 for any fiscal year is 1.25 percent of the aggregate amount available to States after the Secretary determines the amount of payments to be made to the jurisdictions under Sec. 303.204.

(Authority: 20 U.S.C. 1484(b))

Sec. 303.204 Payments to the jurisdictions.

From the sums appropriated to carry out this part for any fiscal year, the Secretary may reserve up to 1 percent for payments to the jurisdictions listed in Sec. 303.2 in accordance with their respective needs.

(Authority: 20 U.S.C. 1484(a))

Sec. 303.205 Differential funding grants.

Notwithstanding any other provision of this part, section 675(e) of the Act governs—

(a) The amount of any grant for fiscal year 1990, 1991, or 1992 under that subsection; and

(b) The reallotment of funds for those fiscal years.

(Authority: 20 U.S.C. 1475(e))

SUBPART D—PROGRAM AND SERVICE COMPONENTS OF A STATEWIDE SYSTEM OF EARLY INTERVENTION SERVICES

General

Sec. 303.300 State eligibility criteria and procedures.

Each statewide system of early intervention services must include the eligibility criteria and procedures, consistent with Sec. 303.16, that will be used by the State in carrying out programs under this part.

(a) The State shall define developmental delay by—

(1) Describing, for each of the areas listed in Sec. 303.16(a)(1), the procedures, including the use of informed clinical opinion, that will be used to measure a child's development; and

(2) Stating the levels of functioning or other criteria that constitute a developmental delay in each of those areas.

(b) The State shall describe the criteria and procedures, including the use of informed clinical opinion, that will be used to determine the existence of a condition that has a high probability of resulting in developmental delay under Sec. 303.16(a)(2).

(c) If the State elects to include in its system children who are at risk under Sec. 303.16(b), the State shall describe the criteria and procedures, including the use of informed clinical opinion, that will be used to identify those children.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1472(1), 1476(b)(1))

Note: Under this section and Sec. 303.322(c)(2), States are required to ensure that informed clinical opinion is used in determining a child's eligibility under this part. Informed clinical opinion is especially important if there are no standardized measures, or if the standardized procedures are not appropriate for a given age or developmental area. If a given standardized procedure is considered to be appropriate, a State's criteria could include percentiles or percentages of levels of functioning on standardized measures.

Sec. 303.301 Central directory.

(a) Each system must include a central directory of information about—

(1) Public and private early intervention services, resources, and experts available in the State;

(2) Research and demonstration projects being conducted in the State; and

(3) Professional and other groups that provide assistance to children eligible under this part and their families.

(b) The information required in paragraph (a) of this section must be in sufficient detail to—

(1) Ensure that the general public will be able to determine the nature and scope of the services and assistance available from each of the sources listed in the directory; and

(2) Enable the parent of a child eligible under this part to contact, by telephone or letter, any of the sources listed in the directory.

(c) The central directory must be—

(1) Updated at least annually; and

(2) Accessible to the general public.

(d) To meet the requirements in paragraph (c)(2) of this section, the lead agency shall arrange for copies of the directory to be available—

(1) In each geographic region of the State, including rural areas; and

(2) In places and a manner that ensure accessibility by persons with disabilities.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(7))

Note: Examples of appropriate groups that provide assistance to eligible children and their families include parent support groups and advocate associations.

Sec. 303.302 Timetables for serving eligible children.

Except as provided in Sec. 303.4, each system must include timetables for ensuring that appropriate early intervention services will be available to all infants and toddlers with disabilities in the State, including Indian infants and toddlers with disabilities on reservations, no later than the beginning of the fifth year of the State's participation under this part.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1419(g), 1476(b)(2))

Note: Amendments to the Act made by Public Law 102-119 extend the State's duty to make services available to Indian children on reservations served by BIA schools. The State's obligation under prior law to make services available to other Indian children is unaffected by these amendments.

Identification and Evaluation

Sec. 303.320 Public awareness program.

Each system must include a public awareness program that focuses on the early identification of children who are eligible to receive early intervention services under this part and includes the preparation and dissemination by the lead agency to all primary referral sources of information materials for parents on the availability of early intervention services. The public awareness program must provide for informing the public about—

(a) The State's early intervention program;

(b) The child find system, including—

(1) The purpose and scope of the system;

(2) How to make referrals; and

(3) How to gain access to a comprehensive, multidisciplinary evaluation and other early intervention services; and

(c) The central directory.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(6))

Note 1: An effective public awareness program is one that does the following:

1. Provides a continuous, ongoing effort that is in effect throughout the State, including rural areas;

2. Provides for the involvement of, and communication with, major organizations throughout the State that have a direct interest in this part, including public agencies at the State and local level, private providers, professional associations, parent groups, advocate associations, and other organizations;

3. Has coverage broad enough to reach the general public, including those who have disabilities; and

4. Includes a variety of methods for informing the public about the provisions of this part.

Note 2: Examples of methods for informing the general public about the provisions of this part include: (1) Use of television, radio, and newspaper releases, (2) pamphlets and posters displayed in doctors' offices, hospitals, and other appropriate locations, and (3) the use of a toll-free telephone service.

Sec. 303.321 Comprehensive child find system.

(a) General. (1) Each system must include a comprehensive child find system that is consistent with part B of the Act (see 34 CFR 300.128), and meets the requirements of paragraphs (b) through (e) of this section.

(2) The lead agency, with the advice and assistance of the Council, shall be responsible for implementing the child find system.

(b) Procedures. The child find system must include the policies and procedures that the State will follow to ensure that—

(1) All infants and toddlers in the State who are eligible for services under this part are identified, located, and evaluated; and

(2) An effective method is developed and implemented to determine which children are receiving needed early intervention services, and which children are not receiving those services.

(c) Coordination. (1) The lead agency, with the assistance of the Council, shall ensure that the child find system under this part is coordinated with all other major efforts to locate and identify children conducted by other State agencies responsible for administering the various education, health, and social service programs relevant to this part, tribes and tribal organizations that receive payments under this part, and other tribes and tribal organizations as appropriate, including efforts in the—

(i) Program authorized under part B of the Act;

(ii) Maternal and Child Health program under title V of the Social Security Act;

(iii) Early Periodic Screening, Diagnosis and Treatment (EPSDT) program under title XIX of the Social Security Act;

(iv) Developmental Disabilities Assistance and Bill of Rights Act;

(v) Head Start Act; and

(vi) Supplemental Security Income program under title XVI of the Social Security Act.

(2) The lead agency, with the advice and assistance of the Council, shall take steps to ensure that—

(i) There will not be unnecessary duplication of effort by the various agencies involved in the State's child find system under this part; and

(ii) The State will make use of the resources available through each public agency in the State to implement the child find system in an effective manner.

(d) Referral procedures. (1) The child find system must include procedures for use by primary referral sources for referring a child to the appropriate public agency within the system for—

(i) Evaluation and assessment, in accordance with Secs. 303.322 and 303.323; or

(ii) As appropriate, the provision of services, in accordance with Sec. 303.342(a) or Sec. 303.345.

(2) The procedures required in paragraph (b)(1) of this section must—

(i) Provide for an effective method of making referrals by primary referral sources;

(ii) Ensure that referrals are made no more than two working days after a child has been identified; and

(iii) Include procedures for determining the extent to which primary referral sources, especially hospitals and physicians, disseminate the information, as described in Sec. 303.320, prepared by the lead agency on the availability of early intervention services to parents of infants and toddlers with disabilities.

(3) As used in paragraph (d)(1) of this section, primary referral sources includes—

(i) Hospitals, including prenatal and postnatal care facilities;

(ii) Physicians;

(iii) Parents;

(iv) Day care programs;

(v) Local educational agencies;

(vi) Public health facilities;

(vii) Other social service agencies; and

(viii) Other health care providers.

(e) Timelines for public agencies to act on referrals. (1) Once the public agency receives a referral, it shall appoint a service coordinator as soon as possible.

(2) Within 45 days after it receives a referral, the public agency shall—

(i) Complete the evaluation and assessment activities in Sec. 303.322; and

(ii) Hold an IFSP meeting, in accordance with Sec. 303.342.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1472(2)(E)(vii), 1476(b)(5))

Note: In developing the child find system under this part, States should consider (1) tracking systems based on high-risk conditions at birth, and (2) other activities that are being conducted by various agencies or organizations in the State.

Sec. 303.322 Evaluation and assessment.

(a) General. (1) Each system must include the performance of a timely, comprehensive, multidisciplinary evaluation of each child, birth through age two, referred for evaluation, including assessment activities related to the child and the child's family.

(2) The lead agency shall be responsible for ensuring that the requirements of this section are implemented by all affected public agencies and service providers in the State.

(b) Definitions of evaluation and assessment. As used in this part—

(1) Evaluation means the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility under this part, consistent with the definition of "infants and toddlers with disabilities" in Sec. 303.16, including determining the status of the child in each of the developmental areas in paragraph (c)(3)(ii) of this section.

(2) Assessment means the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility under this part to identify—

(i) The child's unique strengths and needs and the services appropriate to meet those needs; and

(ii) The resources, priorities, and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.

(c) Evaluation and assessment of the child. The evaluation and assessment of each child must—

(1) Be conducted by personnel trained to utilize appropriate methods and procedures;

(2) Be based on informed clinical opinion; and

(3) Include the following:

(i) A review of pertinent records related to the child's current health status and medical history.

(ii) An evaluation of the child's level of functioning in each of the following developmental areas:

(A) Cognitive development.

(B) Physical development, including vision and hearing.

(C) Communication development.

(D) Social or emotional development.

(E) Adaptive development.

(iii) An assessment of the unique needs of the child in terms of each of the developmental areas in paragraph (c)(3)(ii) of this section, including the identification of services appropriate to meet those needs.

(d) Family assessment. (1) Family assessments under this part must be family-directed and designed to determine the resources, priorities, and concerns of the family related to enhancing the development of the child.

(2) Any assessment that is conducted must be voluntary on the part of the family.

(3) If an assessment of the family is carried out, the assessment must—

(i) Be conducted by personnel trained to utilize appropriate methods and procedures;

(ii) Be based on information provided by the family through a personal interview; and

(iii) Incorporate the family's description of its resources, priorities, and concerns related to enhancing the child's development.

(e) Timelines. (1) Except as provided in paragraph (e)(2) of this section, the evaluation and initial assessment of each child (including the family assessment) must be completed within the 45-day time period required in Sec. 303.321(e).

(2) The lead agency shall develop procedures to ensure that in the event of exceptional circumstances that make it impossible to complete the evaluation and assessment within 45 days (e.g., if a child is ill), public agencies will—

(i) Document those circumstances; and

(ii) Develop and implement an interim IFSP, to the extent appropriate and consistent with Sec. 303.345 (b)(1) and (b)(2).

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(3); 1477 (a)(1), (a)(2), (d)(1), and (d)(2))

Note: This section combines into one overall requirement the provisions on evaluation and assessment under the following sections of the Act: (1) section 676(b)(3) (timely, comprehensive, multidisciplinary evaluation), and (2) section 677(a) (1) and (2) (multidisciplinary and family-directed assessments).

The section also requires that the evaluation-assessment process be broad enough to obtain information required in the IFSP concerning (1) the family's resources, priorities, and concerns related to the development of the child (section 677(d)(2)), and (2) the child's functioning level in each of the five developmental areas (section 677(d)(1)).

Sec. 303.323 Nondiscriminatory procedures.

Each lead agency shall adopt nondiscriminatory evaluation and assessment procedures. The procedures must provide that public agencies responsible for the evaluation and assessment of children and families under this part shall ensure, at a minimum, that—

(a) Tests and other evaluation materials and procedures are administered in the native language of the parents or other mode of communication, unless it is clearly not feasible to do so;

(b) Any assessment and evaluation procedures and materials that are used are selected and administered so as not to be racially or culturally discriminatory;

(c) No single procedure is used as the sole criterion for determining a child's eligibility under this part; and

(d) Evaluations and assessments are conducted by qualified personnel.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(3); 1477 (a)(1), (d)(2), and Individualized Family Service Plans (IFSPs)

Sec. 303.340 General.

(a) Each system must include policies and procedures regarding individualized family service plans (IFSPs) that meet the requirements of this section and Secs. 303.341 through 303.346.

(b) As used in this part, individualized family service plan and IFSP mean a written plan for providing early intervention services to a child eligible under this part and the child's family. The plan must—

(1) Be developed in accordance with Secs. 303.342 and 303.343;

(2) Be based on the evaluation and assessment described in Sec. 303.322; and

(3) Include the matters specified in Sec. 303.344.

(c) Lead agency responsibility. The lead agency shall ensure that an IFSP is developed and implemented for each eligible child, in accordance with the requirements of this part. If there is a dispute between agencies as to who has responsibility for developing or implementing an IFSP, the lead agency shall resolve the dispute or assign responsibility.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1477)

Note: In instances where an eligible child must have both an IFSP and an individualized service plan under another Federal program, it may be possible to develop a single consolidated document, provided that it (1) contains all of the required information in Sec. 303.344, and (2) is developed in accordance with the requirements of this part.

Sec. 303.341 Meeting the IFSP requirements for years four and five.

(a) Fourth year requirements. No later than the beginning of the fourth year of a State's participation under this part, the State shall ensure that—

(1) Evaluations and assessments are conducted in accordance with Sec. 303.322;

(2) An IFSP is developed, in accordance with Secs. 303.342(a) and 303.343(a), for each child determined to be eligible under this part and the child's family; and

(3) Service coordination services are available to each eligible child and the child's family.

(b) Requirements for the fifth year. No later than the beginning of the fifth year of a State's participation under this part, a current IFSP must be in effect and implemented for each eligible child and the child's family.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(2) and (b)(4), 1477(a)(2) and (c))

Sec. 303.342 Procedures for IFSP development, review, and evaluation.

(a) Meeting to develop initial IFSP—timelines. For a child who has been evaluated for the first time and determined to be eligible, a meeting to develop the initial IFSP must be conducted within the 45-day time period in Sec. 303.321(e).

(b) Periodic review. (1) A review of the IFSP for a child and the child's family must be conducted every six months, or more frequently if conditions warrant, or if the family requests such a review. The purpose of the periodic review is to determine—

(i) The degree to which progress toward achieving the outcomes is being made; and

(ii) Whether modification or revision of the outcomes or services is necessary.

(2) The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants.

(c) Annual meeting to evaluate the IFSP. A meeting must be conducted on at least an annual basis to evaluate the IFSP for a child and the child's family, and, as appropriate, to revise its provisions. The results of any current evaluations conducted under Sec. 303.322(c), and other information available from the ongoing assessment of the child and family, must be used in determining what services are needed and will be provided.

(d) Accessibility and convenience of meetings. (1) IFSP meetings must be conducted—

(i) In settings and at times that are convenient to families; and

(ii) In the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so.

(2) Meeting arrangements must be made with, and written notice provided to, the family and other participants early enough before the meeting date to ensure that they will be able to attend.

(e) Parental consent. The contents of the IFSP must be fully explained to the parents and informed written consent from the parents must be obtained prior to the provision of early intervention services described in the plan. If the parents do not provide consent with respect to a particular early intervention service or withdraw consent after first providing it, that service may not be provided. The early intervention services to which parental consent is obtained must be provided.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1477)

Note: The requirement for the annual evaluation incorporates the periodic review process. Therefore, it is necessary to have only one separate periodic review each year (i.e., six months after the initial and subsequent annual IFSP meetings), unless conditions warrant otherwise.

Because the needs of infants and toddlers change so rapidly during the course of a year, certain evaluation procedures may need to be repeated before conducting the periodic reviews and annual evaluation meetings in paragraphs (b) and (c) of this section.

Sec. 303.343 Participants in IFSP meetings and periodic reviews.

(a) Initial and annual IFSP meetings. (1) Each initial meeting and each annual meeting to evaluate the IFSP must include the following participants:

(i) The parent or parents of the child.

(ii) Other family members, as requested by the parent, if feasible to do so;

(iii) An advocate or person outside of the family, if the parent requests that the person participate.

(iv) The service coordinator who has been working with the family since the initial referral of the child for evaluation, or who has been designated by the public agency to be responsible for implementation of the IFSP.

(v) A person or persons directly involved in conducting the evaluations and assessments in Sec. 303.322.

(vi) As appropriate, persons who will be providing services to the child or family.

(2) If a person listed in paragraph (a)(1)(v) of this section is unable to attend a meeting, arrangements must be made for the person's involvement through other means, including—

(i) Participating in a telephone conference call;

(ii) Having a knowledgeable authorized representative attend the meeting; or

(iii) Making pertinent records available at the meeting.

(b) Periodic review. Each periodic review must provide for the participation of persons in paragraphs (a)(1)(i) through (a)(1)(iv) of this section. If conditions warrant, provisions must be made for the participation of other representatives identified in paragraph (a) of this section.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1477(b))

Sec. 303.344 Content of an IFSP.

(a) Information about the child's status. (1) The IFSP must include a statement of the child's present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development.

(2) The statement in paragraph (a)(1) of this section must be based on professionally acceptable objective criteria.

(b) Family information. With the concurrence of the family, the IFS must include a statement of the family's resources, priorities, and concerns related to enhancing the development of the child.

(c) Outcomes. The IFSP must include a statement of the major outcomes expected to be achieved for the child and family, and the criteria, procedures, and timeliness used to determine—

(1) The degree to which progress toward achieving the outcomes is being made; and

(2) Whether modifications or revisions of the outcomes or services are necessary.

(d) Early intervention services. (1) The IFSP must include a statement of the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes identified in paragraph (c) of this section, including—

(i) The frequency, intensity, and method of delivering the services;

(ii) The natural environments, as described in Sec. 303.12(b), in which early intervention services will be provided;

(iii) The location of the services; and

(iv) The payment arrangements, if any.

(2) As used in paragraph (d)(1)(i) of this section—

(i) Frequency and intensity mean the number of days or sessions that a service will be provided, the length of time the service is provided during each session, and whether the service is provided on an individual or group basis; and

(ii) Method means how a service is provided.

(3) As used in paragraph (d)(1)(iii) of this section, location means the actual place or places where a service will be provided.

(e) Other services. (1) To the extent appropriate, the IFSP must include—

(i) Medical and other services that the child needs, but that are not required under this part; and

(ii) The funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources.

(2) The requirement in paragraph (e)(1) of this section does not apply to routine medical services (e.g., immunizations and "well-baby" care), unless a child needs those services and the services are not otherwise available or being provided.

(f) Dates; duration of services. The IFSP must include—

(1) The projected dates for initiation of the services in paragraph (d)(1) of this section as soon as possible after the IFSP meetings described in Sec. 303.342; and

(2) The anticipated duration of those services.

(g) Service coordinator. (1) The IFSP must include the name of the service coordinator from the profession most immediately relevant to the child's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities under this part), who will be responsible for the implementation of the IFSP and coordination with other agencies and persons.

(2) In meeting the requirements in paragraph (g)(1) of this section, the public agency may—

(i) Assign the same service coordinator who was appointed at the time that the child was initially referred for evaluation to be responsible for implementing a child's and family's IFSP; or

(ii) Appoint a new service coordinator.

(3) As used in paragraph (g)(1) of this section, the term profession includes "service coordination."

(h) Transition from part H services. (1) The IFSP must include the steps to be taken to support the transition of the child to—

(i) Preschool services under part B of the Act, in accordance with Sec. 303.148, to the extent that those services are considered appropriate; or

(ii) Other services that may be available, if appropriate.

(2) The steps required in paragraph (h)(1) of this section include—

(i) Discussions with, and training of, parents regarding future placements and other matters related to the child's transition;

(ii) Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting; and

(iii) With parental consent, the transmission of information about the child to the local educational agency, to ensure continuity of services, including evaluation and assessment information required in Sec. 303.322, and copies of IFSPs that have been developed and implemented in accordance with Secs. 303.340 through 303.346.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1477(d))

Note 1: With respect to the requirements in paragraph (d) of this section, the appropriate location of services for some infants and toddlers might be a hospital setting—during the period in which they require extensive medical intervention. However, for these and other eligible children, early intervention services must be provided in natural environments (e.g., the home, child care centers, or other community settings) to the maximum extent appropriate to the needs of the child.

Note 2: Throughout the process of developing and implementing IFSPs for an eligible child and the child's family, it is important for agencies to recognize the variety of roles that family members play in enhancing the child's development. It also is important that the degree to which the needs of the family are addressed in the IFSP process is determined in a collaborative manner with [illegible] agreement and participation of the parents of the child. Parents retain the ultimate decision in determining whether they, their child, or other family members will accept or decline services under this part.

Note 3: The early intervention services in paragraph (d) of this section are those services that a State is required to provide to a child in accordance with Sec. 303.12.

The "other services" in paragraph (e) of this section are services that a child or family needs, but that are neither required nor covered under this part. While listing the non-required services in the IFSP does not mean that those services must be provided, their identification can be helpful to both the child's family and the service coordinator, for the following reasons: First, the IFSP would provide a comprehensive picture of the child's total service needs (including the need for medical and health services, as well as early intervention services). Second, it is appropriate for the service coordinator to assist the family in securing the non-required services (e.g., by (1) determining if there is a public agency that could provide financial assistance, if needed, (2) assisting in the preparation of eligibility claims or insurance claims, if needed, and (3) assisting the family in seeking out and arranging for the child to receive the needed medical-health services).

Thus, to the extent appropriate, it is important for a State's procedures under this part to provide for ensuring that other needs of the child, and of the family related to enhancing the development of the child, such as medical and health needs, are considered and addressed, including determining (1) who will provide each service, and when, where, and how it will be provided, and (2) how the service will be paid for (e.g., through private insurance, an existing Federal-State funding source, such as Medicaid or EPSDT, or some other funding arrangement).

Note 4: Although the IFSP must include information about each of the items in paragraphs (b) through (h) of this section, this does not mean that the IFSP must be a detailed, lengthy document. It might be a brief outline, with appropriate attachments that address each of the points in the paragraphs under this section. It is important for the IFSP itself to be clear about (a) what services are to be provided, (b) the actions that are to be taken by the service coordinator in initiating those services, and (c) what actions will be taken by the parents.

Sec. 303.345 Provision of services before evaluation and assessment are completed.

Early intervention services for an eligible child and the child's family may commence before the completion of the evaluation and assessment in Sec. 303.322, if the following conditions are met:

(a) Parental consent is obtained.

(b) An interim IFSP is developed that includes—

(1) The name of the service coordinator who will be responsible, consistent with Sec. 303.344(g), for implementation of the interim IFSP and coordination with other agencies and persons; and

(2) The early intervention services that have been determined to be needed immediately by the child and the child's family.

(c) The evaluation and assessment are completed within the time period required in Sec. 303.322(e).

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1477(c))

Note: This section is intended to accomplish two specific purposes: (1) To facilitate the provision of services in the event that a child has obvious immediate needs that are identified, even at the time of referral (e.g., a physician recommends that a child with cerebral palsy begin receiving physical therapy as soon as possible), and (2) to ensure that the requirements for the timely evaluation and assessment are not circumvented.

Sec. 303.346 Responsibility and accountability.

Each agency or person who has a direct role in the provision of early intervention services is responsible for making a good faith effort to assist each eligible child in achieving the outcomes in the child's IFSP. However, part H of the Act does not require that any agency or person be held accountable if an eligible child does not achieve the growth projected in the child's IFSP.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1477)

Personnel Training and Standards

Sec. 303.360 Comprehensive system of personnel development.

(a) Each system must include a comprehensive system of personnel development.

(b) The personnel development system under this part must—

(1) Be consistent with the comprehensive system of personnel development required under part B of the Act (34 CFR 300.380 through 300.387);

(2) Provide for preservice and inservice training to be conducted on an interdisciplinary basis, to the extent appropriate;

(3) Provide for the training of a variety of personnel needed to meet the requirements of this part, including public and private providers, primary referral sources, paraprofessionals, and persons who will serve as service coordinators; and

(4) Ensure that the training provided relates specifically to—

(i) Understanding the basic components of early intervention services available in the State;

(ii) Meeting the interrelated social or emotional, health, developmental, and educational needs of eligible children under this part; and

(iii) Assisting families in enhancing the development of their children, and in participating fully in the development and implementation of IFSPs.

(c) A personnel development system under this part may include—

(1) Implementing innovative strategies and activities for the recruitment and retention of early intervention service providers;

(2) Promoting the preparation of early intervention providers who are fully and appropriately qualified to provide early intervention services under this part;

(3) Training personnel to work in rural areas; and

(4) Training personnel to coordinate transition services for infants and toddlers with disabilities from an early intervention program under this part to a preschool program under part B of the Act.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(8))

Sec. 303.361 Personnel standards.

(a) As used in this part—

(1) Appropriate professional requirements in the State means entry level requirements that—

(i) Are based on the highest requirements in the State applicable to the profession or discipline in which a person is providing early intervention services; and

(ii) Establish suitable qualifications for personnel providing early intervention services under this part to eligible children and their families who are served by State, local, and private agencies.

(2) Highest requirements in the State applicable to a specific profession or discipline means the highest entry-level academic degree needed for any State approved or recognized certification, licensing, registration, or other comparable requirements that apply to that profession or discipline.

(3) Profession or discipline means a specific occupational category that—

(i) Provides early intervention services to children eligible under this part and their families;

(ii) Has been established or designated by the State; and

(iii) Has a required scope of responsibility and degree of supervision.

(4) State approved or recognized certification, licensing, registration, or other comparable requirements means the requirements that a State legislature either has enacted or has authorized a State agency to promulgate through rules to establish the entry-level standards for employment in a specific profession or discipline in that State.

(b)(1) Each statewide system must have policies and procedures relating to the establishment and maintenance of standards to ensure that personnel necessary to carry out the purposes of this part are appropriately and adequately prepared and trained.

(2) The policies and procedures required in paragraph (b)(1) of this section must provide for the establishment and maintenance of standards that are consistent with any State-approved or State-recognized certification, licensing, registration, or other comparable requirements that apply to the profession or discipline in which a person is providing early intervention services.

(c) To the extent that a State's standards for a profession or discipline, including standards for temporary or emergency certification, are not based on the highest requirements in the State applicable to a specific profession or discipline, the State's application for assistance under this part must include the steps the State is taking, the procedures for notifying public agencies and personnel of those steps, and the timelines it has established for the retraining or hiring of personnel that meet appropriate professional requirements in the State.

(d)(1) In meeting the requirements in paragraphs (b) and (c) of this section, a determination must be made about the status of personnel standards in the State. That determination must be based on current information that accurately describes, for each profession or discipline in which personnel are providing early intervention services, whether the applicable standards are consistent with the highest requirements in the State for that profession or discipline.

(2) The information required in paragraph (d)(1) of this section must be on file in the lead agency, and available to the public.

(e) In identifying the "highest requirements in the State" for purposes of this section, the requirements of all State statutes and the rules of all State agencies applicable to serving children eligible under this part and their families must be considered.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(13))

Note: This section requires that a State use its own existing highest requirements to determine the standards appropriate to personnel who provide early intervention services under this part. The regulations do not require States to set any specified training standard, such as a master's degree, for employment of personnel who provide services under this part.

The regulations permit each State to determine the specific occupational categories required to provide early intervention services to children eligible under this part and their families, and to revise or expand these categories as needed. The professions or disciplines need not be limited to traditional occupational categories.

SUBPART E—PROCEDURAL SAFEGUARDS

General

Sec. 303.400 General responsibility of lead agency for procedural safeguards.

Each lead agency shall be responsible for—

(a) Establishing or adopting procedural safeguards that meet the requirements of this subpart; and

(b) Ensuring effective implementation of the safeguards by each public agency in the State that is involved in the provision of early intervention services under this part.

(Authority: 20 U.S.C. 1480)

Sec. 303.401 Definitions of consent, native language, and personally identifiable information.

As used in this subpart—

(a) Consent means that—

[[Page 122]]

(1) The parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language or other mode of communication;

(2) The parent understands and agrees in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists the records (if any) that will be released and to whom; and

(3) The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time;

(b) Native language, where used with reference to persons of limited English proficiency, means the language or mode of communication normally used by the parent of a child eligible under this part;

(c) Personally identifiable means that information includes—

(1) The name of the child, the child's parent, or other family member;

(2) The address of the child;

(3) A personal identifier, such as the child's or parent's social security number; or

(4) A list of personal characteristics or other information that would make it possible to identify the child with reasonable certainty.

(Authority: 20 U.S.C. 1480)

Sec. 303.402 Opportunity to examine records.

In accordance with the confidentiality procedures in the regulations under part B of the Act (34 CFR 300.560 through 300.576), the parents of a child eligible under this part must be afforded the opportunity to inspect and review records relating to evaluations and assessments, eligibility determinations, development and implementation of IFSPs, individual complaints dealing with the child, and any other area under this part involving records about the child and the child's family.

(Authority: 20 U.S.C. 1480(4))

Sec. 303.403 Prior notice; native language.

(a) General. Written prior notice must be given to the parents of a child eligible under this part a reasonable time before a public agency or service provider proposes, or refuses, to initiate or change the identification, evaluation, or placement of the child, or the provision of appropriate early intervention services to the child and the child's family.

(b) Content of notice. The notice must be in sufficient detail to inform the parents about—

(1) The action that is being proposed or refused;

(2) The reasons for taking the action; and

(3) All procedural safeguards that are available under this part.

(c) Native language. (1) The notice must be—

(i) Written in language understandable to the general public; and

(ii) Provided in the native language of the parents, unless it is clearly not feasible to do so.

(2) If the native language or other mode of communication of the parent is not a written language, the public agency, or designated service provider, shall take steps to ensure that—

(i) The notice is translated orally or by other means to the parent in the parent's native language or other mode of communication;

(ii) The parent understands the notice; and

(iii) There is written evidence that the requirements of this paragraph have been met.

(3) If a parent is deaf or blind, or has no written language, the mode of communication must be that normally used by the parent (such as sign language, braille, or oral communication).

(Authority: 20 U.S.C. 1480(6) and (7))

Sec. 303.404 Parent consent.

(a) Written parental consent must be obtained before—

(1) Conducting the initial evaluation and assessment of a child under Sec. 303.322; and

(2) Initiating the provision of early intervention services (see Sec. 303.342(e)).

(b) If consent is not given, the public agency shall make reasonable efforts to ensure that the parent—

(1) Is fully aware of the nature of the evaluation and assessment or the services that would be available; and

(2) Understands that the child will not be able to receive the evaluation and assessment or services unless consent is given.

(Authority: 20 U.S.C. 1480)

Note 1: In addition to the consent requirements in this section, other consent requirements are included in (1) Sec. 303.460(a), regarding the exchange of personally identifiable information among agencies, and (2) the confidentiality provisions in the regulations under part B of the Act (34 CFR 300.571) and 34 CFR part 99 (Family Educational Rights and Privacy), both of which apply to this part.

Note 2: Under Sec. 300.504(b) of the part B regulations, a public agency may initiate procedures to challenge a parent's refusal to consent to the initial evaluation of the parent's child and, if successful, obtain the evaluation. This provision applies to eligible children under this part, since the part B evaluation requirement applies to all children with disabilities in a State, including infants and toddlers.

Sec. 303.405 Parent right to decline service.

The parents of a child eligible under this part may determine whether they, their child, or other family members will accept or decline any early intervention service under this part in accordance with State law, and may decline such a service after first accepting it, without jeopardizing other early intervention services under this part.

(Authority: 20 U.S.C. 1480(3))

Sec. 303.406 Surrogate parents.

(a) General. Each lead agency shall ensure that the rights of children eligible under this part are protected if—

(1) No parent (as defined in Sec. 303.18) can be identified;

(2) The public agency, after reasonable efforts, cannot discover the whereabouts of a parent; or

(3) The child is a ward of the State under the laws of that State.

(b) Duty of lead agency and other public agencies. The duty of the lead agency, or other public agency under paragraph (a) of this section, includes the assignment of an individual to act as a surrogate for the parent. This must include a method for—

(1) Determining whether a child needs a surrogate parent; and

(2) Assigning a surrogate parent to the child.

(c) Criteria for selecting surrogates. (1) The lead agency or other public agency may select a surrogate parent in any way permitted under State law.

(2) Public agencies shall ensure that a person selected as a surrogate parent—

(i) Has no interest that conflicts with the interests of the child he or she represents; and

(ii) Has knowledge and skills that ensure adequate representation of the child.

(d) Non-employee requirement; compensation. (1) A person assigned as a surrogate parent may not be an employee of any agency involved in the provision of early intervention or other services to the child.

(2) A person who otherwise qualifies to be a surrogate parent under paragraph (d)(1) of this section is not an employee solely because he or she is paid by a public agency to serve as a surrogate parent.

(e) Responsibilities. A surrogate parent may represent a child in all matters related to—

(1) The evaluation and assessment of the child;

(2) Development and implementation of the child's IFSPs, including annual evaluations and periodic reviews;

(3) The ongoing provision of early intervention services to the child; and

(4) Any other rights established under this part.

(Authority: 20 U.S.C. 1480(5))

Impartial Procedures for Resolving Individual Child Complaints

Sec. 303.420 Administrative resolution of individual child complaints

by an impartial decision-maker.

Each system must include written procedures for the timely administrative resolution of individual child complaints by parents concerning any of the matters in Sec. 303.403(a). A State may meet this requirement by—

(a) Adopting the due process procedures in 34 CFR 300.506 through 300.512 and developing procedures that meet the requirements of Sec. 303.425; or

(b) Developing procedures that—

(1) Meet the requirements in Secs. 303.421 through 303.425; and

[[Page 124]]

(2) Provide parents a means of filing a complaint.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1480(1))

Note 1: Sections 303.420 through 303.425 are concerned with the adoption of impartial procedures for resolving individual child complaints (i.e., complaints that generally affect only a single child or the child's family). These procedures require the appointment of a decision-maker who is impartial, as defined in Sec. 303.421(b), to resolve a dispute concerning any of the matters in Sec. 303.403(a). The decision of the impartial decision-maker is binding unless it is reversed on appeal.

A different type of administrative procedure is included in Secs. 303.510 through 303.512 of subpart F of this part. Under those procedures, the lead agency is responsible for (1) investigating any complaint that it receives (including individual child complaints and those that are systemic in nature), and (2) resolving the complaint if the agency determines that a violation has occurred.

Note 2: It is important that the administrative procedures developed by a State be designed to result in speedy resolution of complaints. An infant's or toddler's development is so rapid that undue delay could be potentially harmful.

In an effort to facilitate resolution, States may wish, with parental concurrence, to offer mediation as an intervening step prior to implementing the procedures in this section. Although mediation is not required under either part B or part H of the Act, some States have reported that mediations conducted under part B have led to speedy resolution of differences between parents and agencies, without the development of an adversarial relationship and with minimal emotional stress to parents.

While a State may elect to adopt a mediation process, the State cannot require that parents use that process. Mediation may not be used to deny or delay a parent's rights under this part. The complaint must be resolved, and a written decision made, within the 30-day timeline in Sec. 303.423.

Sec. 303.421 Appointment of an impartial person.

(a) Qualifications and duties. An impartial person must be appointed to implement the complaint resolution process in this subpart. The person must—

(1) Have knowledge about the provisions of this part and the needs of, and services available for, eligible children and their families; and

(2) Perform the following duties:

(i) Listen to the presentation of relevant viewpoints about the complaint, examine all information relevant to the issues, and seek to reach a timely resolution of the complaint.

(ii) Provide a record of the proceedings, including a written decision.

(b) Definition of impartial. (1) As used in this section, impartial means that the person appointed to implement the complaint resolution process—

(i) Is not an employee of any agency or other entity involved in the provision of early intervention services or care of the child; and

(ii) Does not have a personal or professional interest that would conflict with his or her objectivity in implementing the process.

(2) A person who otherwise qualifies under paragraph (b)(1) of this section is not an employee of an agency solely because the person is paid by the agency to implement the complaint resolution process.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1480(1))

Sec. 303.422 Parent rights in administrative proceedings.

(a) General. Each lead agency shall ensure that the parents of children eligible under this part are afforded the rights in paragraph (b) of this section in any administrative proceedings carried out under Sec. 303.420.

(b) Rights. Any parent involved in an administrative proceeding has the right to—

(1) Be accompanied and advised by counsel and by individuals with special knowledge or training with respect to early intervention services for children eligible under this part;

(2) Present evidence and confront, cross-examine, and compel the attendance of witnesses;

(3) Prohibit the introduction of

any evidence at the proceeding that has not been disclosed to the parent at least five days before the proceeding;

(4) Obtain a written or electronic verbatim transcription of the proceeding; and

(5) Obtain written findings of fact and decisions. (Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1480)

Sec. 303.423 Convenience of proceedings; timelines.

(a) Any proceeding for implementing the complaint resolution process in this subpart must be carried out at a time and place that is reasonably convenient to the parents.

(b) Each lead agency shall ensure that, not later than 30 days after the receipt of a parent's complaint, the impartial proceeding required under this subpart is completed and a written decision mailed to each of the parties.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1480(1))

Note: Under part B of the Act, States are allowed 45 days to conduct an impartial due process hearing (i.e., within 45 days after the receipt of a request for a hearing, a decision is reached and a copy of the decision is mailed to each of the parties). (See 34 CFR 300.512.) Thus, if a State, in meeting the requirements of Sec. 303.420, elects to adopt the due process procedures under part B, that State would also have 45 days for hearings. However, any State in that situation is encouraged (but not required) to accelerate the timeline for the due process hearing for children who are eligible under this part—from 45 days to the 30-day timeline in this section. Because the needs of children in the birth-through-two-age range change so rapidly, quick resolution of complaints is important.

Sec. 303.424 Civil action.

Any party aggrieved by the findings and decision regarding an administrative complaint has the right to bring a civil action in State or Federal court under section 680(1) of the Act.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1480(1))

Sec. 303.425 Status of a child during proceedings.

(a) During the pendency of any proceeding involving a complaint under this subpart, unless the public agency and parents of a child otherwise agree, the child must continue to receive the appropriate early intervention services currently being provided.

(b) If the complaint involves an application for initial services under this part, the child must receive those services that are not in dispute.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1480(7))

Confidentiality

Sec. 303.460 Confidentiality of information.

(a) Each State shall adopt or develop policies and procedures that the State will follow in order to ensure the protection of any personally identifiable information collected, used, or maintained under this part, including the right of parents to written notice of and written consent to the exchange of this information among agencies consistent with Federal and State law.

(b) These policies and procedures must meet the requirements in 34 CFR 300.560 through 300.576, with the modifications specified in Sec. 303.5(b).

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1480(2), 1483)

Note: With the modifications referred to in paragraph (b) of this section, the confidentiality requirements in the regulations implementing part B of the Act (34 CFR 300.560 through 300.576) are to be used by public agencies to meet the confidentiality requirements under part H of the Act and this section (Sec. 303.460).

The part B provisions incorporate by reference the regulations in 34 CFR part 99 (Family Educational Rights and Privacy); therefore, those regulations also apply to this part.

SUBPART F—STATE ADMINISTRATION

General

Sec. 303.500 Lead agency establishment or designation.

Each system must include a single line of responsibility in a lead agency that—

(a) Is established or designated by the Governor; and

(b) Is responsible for the administration of the system, in accordance with the requirements of this part.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(9))

Sec. 303.501 Supervision and monitoring of programs.

(a) General. Each lead agency is responsible for—

(1) The general administration and supervision of programs and activities receiving assistance under this part; and

(2) The monitoring of programs and activities used by the State to carry out this part, whether or not these programs or activities are receiving assistance under this part, to ensure that the State complies with this part.

(b) Methods of administering programs. In meeting the requirement in paragraph (a) of this section, the lead agency shall adopt and use proper methods of administering each program, including—

(1) Monitoring agencies, institutions, and organizations used by the State to carry out this part;

(2) Enforcing any obligations imposed on those agencies under part H of the Act and these regulations;

(3) Providing technical assistance, if necessary, to those agencies, institutions, and organizations; and

(4) Correcting deficiencies that are identified through monitoring.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(9)(A))

Lead Agency Procedures for Resolving Complaints

Sec. 303.510 Adopting complaint procedures.

Each lead agency shall adopt written procedures for—

(a) Resolving any complaint that any public agency is violating a requirement of part H of the Act or this part by—

(1) Providing for the filing of a complaint with the lead agency; and

(2) At the lead agency's discretion, providing for the filing of a complaint with a public agency and the right to have the lead agency review the public agency's decision on the complaint; and

(b) Informing parents and other interested individuals about the procedures in Secs. 303.510 through 303.512.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(9))

Note: Because of the interagency nature of part H of the Act, complaints received under these regulations could concern violations by (1) any public agency in the State that receives funds under this part (e.g., the lead agency and the Council), (2) other public agencies that are involved in the State's early intervention program, or (3) private service providers that receive part H funds on a contract basis from a public agency to carry out a given function or provide a given service required under this part. These complaint procedures are in addition to any other rights under State or Federal law. The lead agency must provide for the filing of a complaint with the lead agency and, at the lead agency's discretion, with a public agency subject to a right of appeal to the lead agency.

Sec. 303.511 An organization or individual may file a complaint.

An individual or organization may file a written signed complaint under Sec. 303.510. The complaint must include—

(a) A statement that the State has violated a requirement of part H of the Act or the regulations in this part; and

(b) The facts on which the complaint is based.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(9))

Sec. 303.512 Minimum State complaint procedures.

Each lead agency shall include the following in its complaint procedures:

(a) A time limit of 60 calendar days after a complaint is filed under Sec. 303.510(a) to—

(1) Carry out an independent on-site investigation, if the lead agency determines that such an investigation is necessary;

(2) Give the complainant the opportunity to submit additional information, either orally or in writing, about the allegations in the complaint;

(3) Review all relevant information and make an independent determination as to whether the public agency is violating a requirement of part H of the Act or of this part; and

(4) Issue a written decision to the complainant that addresses each allegation in the complaint and contains—

(i) Findings of fact and conclusions; and

(ii) The reasons for the lead agency's final decision.

(b) An extension of the time limit under paragraph (a) of this section only if exceptional circumstances exist with respect to a particular complaint.

(c) Procedures for effective implementation of the lead agency's final decision, if needed, including technical assistance activities, negotiations, and corrective actions to achieve compliance.

(d) The right of the complainant or the public agency to request the Secretary to review the lead agency's final decision.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(9))

Policies and Procedures Related to Financial Matters

Sec. 303.520 Policies related to payment for services.

(a) General. Each lead agency is responsible for establishing State policies related to how services to children eligible under this part and their families will be paid for under the State's early intervention program. The policies must—

(1) Meet the requirements in paragraph (b) of this section; and

(2) Be reflected in the interagency agreements required in Sec. 303.523.

(b) Specific funding policies. A State's policies must—

(1) Specify which functions and services will be provided at no cost to all parents;

(2) Specify which functions or services, if any, will be subject to a system of payments, and include—

(i) Information about the payment system and schedule of sliding fees that will be used; and

(ii) The basis and amount of payments; and

(3) Include an assurance that—

(i) Fees will not be charged for the services that a child is otherwise entitled to receive at no cost to parents; and

(ii) The inability of the parents of an eligible child to pay for services will not result in the denial of services to the child or the child's family; and

(4) Set out any fees that will be charged for early intervention services and the basis for those fees.

(c) Procedures to ensure the timely provision of services. No later than the beginning of the fifth year of a State's participation under this part, the State shall implement a mechanism to ensure that no services that a child is entitled to receive are delayed or denied because of disputes between agencies regarding financial or other responsibilities.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(9))

Sec. 303.521 Fees.

(a) General. A State may establish, consistent with Sec. 303.12(a)(3)(iv), a system of payments for early intervention services, including a schedule of sliding fees.

(b) Functions not subject to fees. The following are required functions that must be carried out at public expense by a State, and for which no fees may be charged to parents:

(1) Implementing the child find requirements in Sec. 303.321.

(2) Evaluation and assessment, as included in Sec. 303.322, and including the functions related to evaluation and assessment in Sec. 303.12.

(3) Service coordination, as included in Secs. 303.22 and 303.344(g).

(4) Administrative and coordinative activities related to—

(i) The development, review, and evaluation of IFSPs in Secs. 303.340 through 303.346; and

(ii) Implementation of the procedural safeguards in subpart E of this part and the other components of the statewide system of early intervention services in subparts D and F of this part.

(c) States with mandates to serve children from birth. If a State has in effect a State law requiring the provision of a free appropriate public education to children with disabilities from birth, the State may not charge parents for any services (e.g., physical or occupational therapy) required under that law that are provided to children eligible under this part and their families.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1472(2))

Sec. 303.522 Identification and coordination of resources.

(a) Each lead agency is responsible for—

(1) The identification and coordination of all available resources for early intervention services within the State, including those from Federal, State, local, and private sources; and

(2) Updating the information on the funding sources in paragraph (a)(1) of this section, if a legislative or policy change is made under any of those sources.

(b) The Federal funding sources in paragraph (a)(1) of this section include—

(1) Title V of the Social Security Act (relating to Maternal and Child Health);

(2) Title XIX of the Social Security Act (relating to the general Medicaid Program, and EPSDT);

(3) The Head Start Act;

(4) Parts B and H of the Act;

(5) Subpart 2 of part D of chapter 1 of title I of the Elementary and Secondary Education Act of 1965, as amended;

(6) The Developmental Disabilities Assistance and Bill of Rights Act (Pub. L. 94-103); and

(7) Other Federal programs.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(9)(B))

Sec. 303.523 Interagency agreements.

(a) General. Each lead agency is responsible for entering into formal interagency agreements with other State-level agencies involved in the State's early intervention program. Each agreement must meet the requirements in paragraphs (b) through (d) of this section.

(b) Financial responsibility. Each agreement must define the financial responsibility, in accordance with Sec. 303.143, of the agency for paying for early intervention services (consistent with State law and the requirements of this part).

(c) Procedures for resolving disputes. (1) Each agreement must include procedures for achieving a timely resolution of intra-agency and interagency disputes about payments for a given service, or disputes about other matters related to the State's early intervention program. Those procedures must include a mechanism for making a final determination that is binding upon the agencies involved.

(2) The agreement with each agency must—

(i) Permit the agency to resolve its own internal disputes (based on the agency's procedures that are included in the agreement), so long as the agency acts in a timely manner; and

(ii) Include the process that the lead agency will follow in achieving resolution of intra-agency disputes, if a given agency is unable to resolve its own internal disputes in a timely manner.

(d) Additional components. Each agreement must include any additional components necessary to ensure effective cooperation and coordination among all agencies involved in the State's early intervention program.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(9)(C) and (b)(9)(F))

Note: A State may meet the requirement in paragraph (c)(1) of this section in any way permitted under State law, including (1) providing for a third party (e.g., an administrative law judge) to review a dispute and render a decision, (2) assignment of the responsibility by the Governor to the lead agency or Council, or (3) having the final decision made directly by the Governor.

Sec. 303.524 Resolution of disputes.

(a) Each lead agency is responsible for resolving individual disputes, in accordance with the procedures in Sec. 303.523(c)(2)(ii).

(b)(1) During a dispute, the individual or entity responsible for assigning financial responsibility among appropriate agencies under Sec. 303.143 ("financial designee") shall assign financial responsibility to—

(i) An agency, subject to the provisions in paragraph (b)(2) of this section; or

(ii) The lead agency, in accordance with the "payor of last resort" provisions in Sec. 303.527.

(2) If, during the lead agency's resolution of the dispute, the financial designee determines that the assignment of financial responsibility under paragraph (b)(1)(i) of this section was inappropriately made—

(i) The financial designee shall reassign the responsibility to the appropriate agency; and

(ii) The lead agency shall make arrangements for reimbursement of any expenditures incurred by the agency originally assigned responsibility.

(c) To the extent necessary to ensure compliance with its action in paragraph (b)(2) of this section, the lead agency shall—

(1) Refer the dispute to the Council or the Governor; and

(2) Implement the procedures to ensure the delivery of services in a timely manner in accordance with Sec. 303.525.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476 (b)(9)(C) and (b)(9)(E))

Sec. 303.525 Delivery of services in a timely manner.

Each lead agency is responsible for the development of procedures to ensure that services are provided to eligible children and their families in a timely manner, pending the resolution of disputes among public agencies or service providers.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(9)(D))

Sec. 303.526 Policy for contracting or otherwise arranging for services.

Each system must include a policy pertaining to contracting or making other arrangements with public or private service providers to provide early intervention services. The policy must include—

(a) A requirement that all early intervention services must meet State standards and be consistent with the provisions of this part;

(b) The mechanisms that the lead agency will use in arranging for these services, including the process by which awards or other arrangements are made; and

(c) The basic requirements that must be met by any individual or organization seeking to provide these services for the lead agency.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(10))

Note: In implementing the statewide system, States may elect to continue using agencies and individuals in both the public and private sectors that have previously been involved in providing early intervention services, so long as those agencies and individuals meet the requirements of this part.

Sec. 303.527 Payor of last resort.

(a) Nonsubstitution of funds. Except as provided in paragraph (b)(1) of this section, funds under this part may not be used to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source but for the enactment of part H of the Act. Therefore, funds under this part may be used only for early intervention services that an eligible child needs but is not currently entitled to under any other Federal, State, local, or private source.

(b) Interim payments—reimbursement. (1) If necessary to prevent a delay in the timely provision of services to an eligible child or the child's family, funds under this part may be used to pay the provider of services, pending reimbursement from the agency or entity that has ultimate responsibility for the payment.

(2) Payments under paragraph (b)(1) of this section may be made for—

(i) Early intervention services, as described in Sec. 303.12;

(ii) Eligible health services (see Sec. 303.13); and

(iii) Other functions and services authorized under this part, including child find and evaluation and assessment.

(3) The provisions of paragraph (b)(1) of this section do not apply to medical services or "well-baby" health care (see Sec. 303.13(c)(1)).

(c) Non-reduction of benefits. Nothing in this part may be construed to permit a State to reduce medical or other assistance available or to alter eligibility under title V of the Social Security Act (SSA) (relating to maternal and child health) or title XIX of the SSA (relating to Medicaid for children eligible under this part) within the State.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1481)

Note: The Congress intended that the enactment of part H not be construed as a license to any agency (including the lead agency and other agencies in the State) to withdraw funding for services that currently are or would be made available to eligible children but for the existence of the program under this part. Thus, the Congress intended that other funding sources would continue, and that there would be greater coordination among agencies regarding the payment of costs.

The Congress further clarified its intent concerning payments under Medicaid by including in section 411(k)(13) of the Medicare Catastrophic Coverage Act of 1988 (Pub. L. 100-360) an amendment to title XIX of the Social Security Act. That amendment states, in effect, that nothing in this title shall be construed as prohibiting or restricting, or authorizing the Secretary of Health and Human Services to prohibit or restrict, payment under subsection (a) of section 1903 of the Social Security Act for medical assistance for covered services furnished to an infant or toddler with a disability because those services are included in the child's IFSP adopted pursuant to part H of the Act.

Sec. 303.528 Reimbursement procedure.

Each system must include a procedure for securing the timely reimbursement of funds used under this part, in accordance with Sec. 303.527(b).

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(11))

Reporting Requirements

Sec. 303.540 Data collection.

(a) Each system must include the procedures that the State uses to compile data on the statewide system. The procedures must—

(1) Include a process for—

(i) Collecting data from various agencies and service providers in the State;

(ii) Making use of appropriate sampling methods, if sampling is permitted; and

(iii) Describing the sampling methods used, if reporting to the Secretary; and

(2) Provide for reporting the data required under section 676(b)(14) of the Act, and other information that the Secretary may require, including information required under section 618 of the Act.

(b) The information required in paragraph (a)(2) of this section must be provided at the time and in the manner specified by the Secretary.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1476(b)(14))

Use of Funds for State Administration

Sec. 303.560 Use of funds by the lead agency.

A lead agency may use funds under this part that are reasonable and necessary for administering the State's early intervention program for infants and toddlers with disabilities.

(Authority: 20 U.S.C. 1473, 1476(b)(9))

SUBPART G—STATE INTERAGENCY COORDINATING COUNCIL

General

Sec. 303.600 Establishment of Council.

(a) A State that desires to receive financial assistance under this part shall establish a State Interagency Coordinating Council composed of at least 15 members but not more than 25 members, unless the State provides sufficient justification for a greater number of members in the application submitted under this part.

(b) The Council must be appointed by the Governor. The Governor shall ensure that the membership of the Council reasonably represents the population of the State.

(c) The Governor shall designate a member of the Council to serve as the chairperson of the Council or require the Council to do so. Any member of the Council who is a representative of the lead agency designated under Sec. 303.500 may not serve as the chairperson of the Council.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1482(a))

Note: To avoid a potential conflict of interest, it is recommended that parent representatives who are selected to serve on the Council not be employees of any agency involved in providing early intervention services.

It is suggested that consideration be given to maintaining an appropriate balance between the urban and rural communities of the State.

Sec. 303.601 Composition.

(a) The Council must be composed as follows:

(1)(i) At least 20 percent of the members must be parents, including minority parents, of infants or toddlers with disabilities or children with disabilities aged 12 or younger, with knowledge of, or experience with, programs for infants and toddlers with disabilities.

(ii) At least one member must be a parent of an infant or toddler with a disability or a child with a disability aged six or younger.

(2) At least 20 percent of the members must be public or private providers of early intervention services.

(3) At least one member must be from the State legislature.

(4) At least one member must be involved in personnel preparation.

(5) At least one member must—

(i) Be from each of the State agencies involved in the provisions of, or payment for, early intervention services to infants and toddlers with disabilities and their families; and

(ii) Have sufficient authority to engage in policy planning and implementation on behalf of these agencies.

(6) At least one member must—

(i) Be from the State educational agency responsible for preschool services to children with disabilities; and

(ii) Have sufficient authority to engage in policy planning and implementation on behalf of that agency.

(7) At least one member must be from the agency responsible for the State governance of insurance, especially in the area of health insurance.

(b) The Council may include other members selected by the Governor, including a representative from the BIA or, where there is no school operated or funded by the BIA, from the Indian Health Service or the tribe or tribal council.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1482(b))

Sec. 303.602 Use of funds by the Council.

(a) General. Subject to the approval by the Governor, the Council may use funds under this part—

(1) To conduct hearings and forums;

(2) To reimburse members of the Council for reasonable and necessary expenses for attending Council meetings and performing Council duties (including child care for parent representatives);

(3) To pay compensation to a member of the Council if the member is not employed or must forfeit wages from other employment when performing official Council business;

(4) To hire staff; and

(5) To obtain the services of professional, technical, and clerical personnel, as may be necessary to carry out the performance of its functions under this part.

(b) Compensation and expenses of Council members. Except as provided in paragraph (a) of this section, Council members shall serve without compensation from funds available under this part.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1479, 1482 (c) and (d))

Sec. 303.603 Meetings.

(a) The Council shall meet at least quarterly and in such places as it deems necessary.

(b) The meetings must—

(1) Be publicly announced sufficiently in advance of the dates they are to be held to ensure that all interested parties have an opportunity to attend; and

(2) To the extent appropriate, be open and accessible to the general public.

(c) Interpreters for persons who are deaf and other necessary services must be provided at Council meetings, both for Council members and participants.

The Council may use funds under this part to pay for those services.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1482 (c) and (d))

Sec. 303.604 Conflict of interest.

No member of the Council may cast a vote on any matter that would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1482(f))

Functions of the Council

Sec. 303.650 General.

(a) Each Council shall—

(1) Advise and assist the lead agency in the development and implementation of the policies that constitute the statewide system;

(2) Assist the lead agency in achieving the full participation, coordination, and cooperation of all appropriate public agencies in the State;

(3) Assist the lead agency in the effective implementation of the statewide system, by establishing a process that includes—

(i) Seeking information from service providers, service coordinators, parents, and others about any Federal, State, or local policies that impede timely service delivery; and

(ii) Taking steps to ensure that any policy problems identified under paragraph (a)(3)(i) of this section are resolved; and

(4) To the extent appropriate, assist the lead agency in the resolution of disputes.

(b) Each Council may advise and assist the lead agency and the State educational agency regarding the provision of appropriate services for children aged birth to five, inclusive.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1482(e)(1)(A) and (e)(2))

Sec. 303.651 Advising and assisting the lead agency in its administrative duties.

Each Council shall advise and assist the lead agency in the—

(a) Identification of sources of fiscal and other support for services for early intervention programs under this part;

(b) Assignment of financial responsibility to the appropriate agency; and

(c) Promotion of the interagency agreements under Sec. 303.523.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1482(e)(1)(A))

Sec. 303.652 Applications.

Each Council shall advise and assist the lead agency in the preparation of applications under this part and amendments to those applications.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1482(e)(1)(B))

Sec. 303.653 Transitional services.

Each Council shall advise and assist the State educational agency regarding the transition of toddlers with disabilities to services provided under part B of the Act, to the extent those services are appropriate.

(Approved by the Office of Management and Budget under control number 1820-0578)

(Authority: 20 U.S.C. 1482(e)(1)(C))

Sec. 303.654 Annual report to the Secretary.

(a) Each Council shall—

(1) Prepare an annual report to the Governor and to the Secretary on the status of early intervention programs operated within the State

for children eligible under this part and their families; and

(2) Submit the report to the Secretary by a date that the Secretary establishes.

(b) Each annual report must contain the information required by the Secretary for the year for which the report is made.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1482(e)(1)(D))

Existing Councils

Sec. 303.670 Use of existing councils.

If a State established a Council before September 1, 1986, that is comparable to the requirements for a Council in this subpart (e.g., in terms of its composition, meetings, and functions), that Council is considered to be in compliance with these requirements. However, within four years after the date that a State accepts funds under this part, the State shall establish a Council that complies in full with the requirements of this subpart.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1482(g))

Amendments to Regulations for Part C of IDEA

34 CFR Part 303, Early Intervention Program for Infants and Toddlers With Disabilities

From the *Federal Register* of April 14, 1998 (Vol. 63, No. 71)

[Federal Register: April 14, 1998 (Volume 63, Number 71)]
[Rules and Regulations]
[Page 18289-18296]
From the Federal Register Online via GPO Access [wais.access.gpo.gov]

Part III

Department of Education

---

34 CFR Part 303

Early Intervention Program for Infants and Toddlers With Disabilities;

Final Rule

Office of Special Education and Rehabilitative Services; Part C of the Individuals with Disabilities Education Act (IDEA) Amendments of 1997;

Proposed Rule

DEPARTMENT OF EDUCATION

34 CFR Part 303

RIN 1820-AA97

Early Intervention Program for Infants and Toddlers With Disabilities

AGENCY: Office of Special Education and Rehabilitative Services, Department of Education.

ACTION: Final regulations.

SUMMARY: The Secretary amends the regulations governing the Early Intervention Program for Infants and Toddlers with Disabilities. These amendments are needed to conform the existing regulations to changes enacted in the Individuals with Disabilities Education Act Amendments of 1997.

DATES: These regulations take effect on July 1, 1998. However, affected parties do not have to comply with the information collection requirements in Secs. 303.100, 303.145, 303.148, 303.167, 303.344, 303.361, 303.426, 303.601, 303.650, and 303.653 until the Department of Education publishes in the Federal Register the control numbers assigned by the Office of Management and Budget (OMB) to these information collection requirements. Publication of the control numbers in a separate final regulation notifies the public that OMB has approved these information collection requirements under the Paperwork Reduction Act of 1995.

FOR FURTHER INFORMATION CONTACT: JoLeta Reynolds or Thomas Irvin, U.S. Department of Education, 600 Independence Avenue, SW., Switzer Building, Room 3090, Washington, DC 20202. Telephone: (202) 205-5507. Individuals who use a telecommunications device for the deaf (TDD) may call (202) 205-5465.

Individuals with disabilities may obtain this document in an alternate format (e.g., Braille, large print, audiotape, or computer diskette) on request to Katie Mimcy, Director of the Alternate Formats Center. Telephone: (202) 205-8113.

SUPPLEMENTARY INFORMATION:

Background

These regulations conform existing regulations to the amendments to the Early Intervention Program for Infants and Toddlers with Disabilities made by the Individuals with Disabilities Education Act (IDEA) Amendments of 1997, Public Law 105-17, enacted on June 4, 1997. The statutory amendments governing Part H take effect on July 1, 1998. One of those amendments transfers the Early Intervention Program from Part H of the IDEA to Part C. Because these regulations also take effect on July 1, 1998, we refer to the Early Intervention Program in these regulations as "Part C" of the IDEA.

The Secretary is publishing in this issue of the Federal Register a Notice of request for advice and recommendations on regulatory issues regarding Part C of IDEA.

These final regulations incorporate statutory amendments and remove obsolete regulatory provisions. However, on October 22, 1997, the Secretary published a notice of proposed rulemaking (NPRM) in the Federal Register (62 FR 55025) for Parts 300, 301, and 303, that contains proposed regulations of IDEA that were not affected by the IDEA Amendments of 1997. (See 62 FR 55053-55054, 55122-55123).

Significant Changes

Although many of the statutory amendments reflected in these regulations make minor changes, several will have a significant impact on States. The following is a summary of the major statutory provisions incorporated in 34 CFR Part 303, the Department's regulations for the Early Intervention Program for Infants and Toddlers with Disabilities.

1. Policies and Procedures on Natural Environments

The IDEA Amendments of 1997 added two provisions relating to the provision of early intervention services in natural environments. The first requires, as a component of each statewide system, policies and procedures to ensure that, to the maximum extent appropriate, early intervention services are provided in natural environments, and occur elsewhere only if early intervention cannot be achieved in a natural environment. This provision is reflected in Sec. 303.167(c) of these regulations. Because the components of the statewide system must be addressed in each State's application for funds under Part C, States must develop written policies and procedures for submission to the Department as part of each State's application for funds, and must implement those policies beginning on July 1, 1998. The second provision, found in Sec. 303.344(d)(1)(ii) of these regulations, requires that each individualized family service plan (IFSP) contain a statement of the natural environments in which services are to be provided and a justification of the extent, if any, to which the services will not be provided in a natural environment. In addition, the Secretary moves the definition of "natural environments" from Sec. 303.12(b) to a new Sec. 303.18 to make it easier to find.

2. Personnel Standards

Section 303.361 is amended to implement two new statutory provisions that mirror changes regarding personnel made to the Part B program (Assistance to States for the Education of Children with Disabilities). The first provision, in section 635(a)(9) of the IDEA and added to these regulations as Sec. 303.361(f), allows paraprofessionals and assistants who are appropriately trained and supervised, under State law, regulations or policy, to be used to assist in the provision of early intervention services under this part. Also added, as Sec. 303.361(g), is the new provision from section 635(b) of the IDEA that a State may adopt a policy that includes making ongoing good-faith efforts to recruit and hire appropriately and adequately trained personnel to provide early intervention services, including, in a geographic area where there is a shortage of those personnel, the most qualified individuals available who are making satisfactory progress toward completing applicable course work necessary to meeting State standards within three years.

A State may exercise the option in Sec. 303.361(g) even though the State has reached its established date, under Sec. 303.361(c), for training or hiring all personnel in a specific profession or discipline to meet appropriate professional requirements in the State. As a practical matter, it is essential that a State have a mechanism for serving eligible children if service needs exceed available personnel who meet appropriate professional requirements in the State for a specific profession or discipline. A State that continues to have shortages of personnel meeting appropriate professional requirements in the State must address those shortages in its comprehensive system of personnel development under Sec. 303.360.

If a State has established only one entry-level academic degree for employment of personnel in a specific profession, modification of that standard as necessary to ensure the provision of early intervention services to all eligible infants and toddlers in the State would not violate the provisions of Sec. 303.361(b) and (c).

3. Mediation

Section 303.419 is added to these regulations to reflect the new statutory provisions of section 615(e) of the Act concerning mediation, made applicableto Part C by section 639(a)(8) of the Act. These provisions include the general responsibility to establish and implement mediation procedures, specific requirements regarding the mediation process, and the statutory provision that requires parents who elect not to use mediation to meet with a disinterested party who would explain the benefits of mediation and encourage its use.

With respect to Sec. 303.419(b)(2), regarding the list of qualified mediators, the House Committee Report on Public Law 105-17 includes the following statement:

> * * * the bill provides that the State shall maintain a list of individuals who are qualified mediators. The Committee intends that whenever such a mediator is not selected on a random basis from that list, both the parents and the agency are involved in selecting the mediator, and are in agreement with the individual who is selected * * *. Individuals who serve as mediators under part C of this bill are expected to be selected in the same manner described in this paragraph and to meet the same criteria of impartiality with respect to employment in the lead agency [which is prohibited] and not having a personal and professional conflict of interest. (H. Rep. No. 105-95, pp. 106-107 (1997)).

High standards of impartiality will encourage the use of mediation by ensuring parties to a dispute the availability of an objective third party to mediate disputes.

Section 615(e)(2)(A)(ii) of the Act provides that the mediation process shall not be used to deny or delay a parent's right to due process. In accordance with that provision, a public agency should not deny or delay a parent's right to a due process hearing based on a parent's failure to participate in the meeting described in Sec. 303.419(c)(1) of these regulations.

With regard to the provision in Sec. 303.419(b)(6) that mediation discussions must be confidential and may not be used in any subsequent due process hearings or civil proceedings, the House Committee Report on Public Law 105-17 notes that "nothing in this bill shall supersede any parental access rights under the Family Educational Rights and Privacy Act of 1974 or foreclose access to information otherwise available to the parties." (H. Rep. No. 105-95, p. 107 (1997)). The Report also includes an example of a confidentiality pledge, which makes clear that the intent of this provision is to protect discussions that occur in the mediation process from use in subsequent due process hearings and civil proceedings under the Act, and not to exempt from discovery, because it was disclosed during mediation, information that otherwise would be subject to discovery.

4. Payor of Last Resort

Language is added to Sec. 303.527 to reflect the amendment to section 640 of the Act regarding the prohibition against using Part C funds to pay for services that would have been paid for from another source in the absence of Part C. The amendment specifically includes the CHAMPUS program as such a source of funds. As stated by the House Report accompanying the bill, "[t]he bill clarifies that part C is truly the payor of last resort even for military families who are eligible for medical programs administered by the Department of Defense." (H. Rep. No.105-95, p.116 (1997)).

5. SICCs

Section 641 of the Act made several changes regarding State Interagency Coordination Councils (SICCs). First, as reflected in Sec. 303.600, State discretion as to the number of members on SICCs has been increased, as Congress deleted the previous membership range. Second, Sec. 303.601 is amended to include additional required members of SICCs: At least one representative from a State Head Start agency or program, and at least one from a State agency responsible for child care. Third, two new provisions reflect statutory changes that expand the scope of SICCs' functions. New Sec. 303.650(c) authorizes SICCs to advise agencies regarding the integration of services for infants and toddlers with disabilities and at-risk infants and toddlers and their families, regardless of whether at-risk infants and toddlers are eligible for services in that State. Finally, in Sec. 303.653, regarding the transition of toddlers with disabilities, SICCs are now required to give advice and assistance regarding transition not just of toddlers with disabilities who are eligible for Part B preschool services, but also transitions of all other toddlers, to any appropriate services.

Goals 2000: Educate America Act

The Goals 2000: Educate America Act (Goals 2000) focuses the Nation's education reform efforts on the eight National Education Goals and provides a framework for meeting them. Goals 2000 promotes new partnerships to strengthen schools and expands the Department's capacities for helping communities to exchange ideas and obtain information needed to achieve the goals.

These regulations address the National Education Goal that all children in America will start school ready to learn. The regulations further the objective of this goal by implementing a program that gives infants and toddlers with disabilities the services and support needed to prepare them to participate in school with their peers.

Waiver of Proposed Rulemaking

In accordance with section 437 of the General Education Provisions Act (20 U.S.C. 1232) and the Administrative Procedure Act (5 U.S.C. 553), it is the practice of the Secretary to offer interested parties the opportunity to comment on proposed regulations. However, these regulations merely reflect statutory changes and remove obsolete regulatory provisions. Removal of the regulations does not establish or affect substantive policy. Therefore, the Secretary has determined, under 5 U.S.C. 553(b)(B), that public comment is unnecessary and contrary to the public interest.

Regulatory Flexibility Act Certification

The Secretary certifies that these regulations would not have a significant economic impact on a substantial number of small entities.

Because these regulations would affect only States and State agencies, the regulations would not have an impact on small entities. States and State agencies are not defined as "small entities" in the Regulatory Flexibility Act.

Intergovernmental Review

This program is subject to the requirements of Executive Order 12372 and the regulations in 34 CFR Part 79. The objective of the Executive order is to foster an intergovernmental partnership and a strengthened federalism by relying on processes developed by State and local governments for coordination and review of proposed Federal financial assistance.

In accordance with the order, this document is intended to provide early notification of the Department's specific plans and actions for this program.

Electronic Access to This Document

Anyone may view this document, as well as all other Department of Education documents published in the Federal Register, in text or portable document format (pdf) on the World Wide Web at either of the following sites:

http://gcs.ed.gov/fedreg.htm

http://www.ed.gov/news.html

To use the pdf you must have the Adobe Acrobat Reader Program with Search, which is available free at either of the previous sites. If you have questions about using the pdf, call the U.S. Government Printing Office toll free at 1-888-293-6498.

Anyone may also view these documents in text copy only on an electronic bulletin board of the Department. Telephone: (202) 219-1511 or, toll free, 1-800-222-4922. The documents are located under Option G—Files/Announcements, Bulletins and Press Releases.

Note: The official version of this document is the document published in the Federal Register.

List of Subjects in 34 CFR Part 303

Education of individuals with disabilities, Grant programs — education, Infants and toddlers, Reporting and recordkeeping requirements.

(Catalog of Federal Domestic Assistance Number: 84.181 Early Intervention Program for Infants and Toddlers with Disabilities)

Dated: April 7, 1998.

Judith E. Heumann, Assistant Secretary for Special Education and Rehabilitative Services.

The Secretary amends part 303 of title 34 of the Code of Federal Regulations as follows:*

PART 303—EARLY INTERVENTION PROGRAM FOR INFANTS AND TODDLERS WITH DISABILITIES

1. The authority citation for part 303 is revised to read as follows:

Authority: 20 U.S.C. 1431-1445, unless otherwise noted.

2. In the table below, for each section listed in the left column, remove the authority citation following the section listed in the middle column, and add the authority citation listed in the right column:

Section	Remove	Add
303.1	20 U.S.C. 1471	20 U.S.C. 1431
303.2	20 U.S.C. 1401(a)(6), 1484	20 U.S.C. 1401(27), 1443.
303.7	20 U.S.C. 1472(1).	20 U.S.C. 1432(5).
303.8	20 U.S.C. 1472(4)	20 U.S.C. 1432(2).
303.9	20 U.S.C. 1471-1485.	20 U.S.C. 1431-1445.
303.10	20 U.S.C. 1472(3)	20 U.S.C. 1432(3).
303.11	20 U.S.C. 1471-1485.	20 U.S.C. 1431-1445.
303.12	20 U.S.C. 1401(a)(25) and (a)(26), 1472(2); H.R.Rep.No.198, 102d Cong., 1st Sess. 14 (1991); S.Rep. No.84, 102d Cong., 1st Sess. 21-22 (1991).	20 U.S.C. 1401(1) and (2); 1432(4).
303.13	20 U.S.C. 1472(2)	20 U.S.C. 1432(4).
303.14	20 U.S.C. 1477	20 U.S.C. 1436.
303.15	20 U.S.C. 1471-1485.	20 U.S.C. 1431-1445.
303.16	20 U.S.C. 1472(1)	20 U.S.C. 1432(5).
303.17	20 U.S.C. 1476(b)(3), 1477(a)	20 U.S.C. 1435(a)(3), 1436(a).
303.18	20 U.S.C. 1477	20 U.S.C. 1436.
303.19	20 U.S.C. 1471-1485.	20 U.S.C. 1431-1445.
303.20	20 U.S.C. 1471-1485	20 U.S.C. 1431-1445.
303.21	20 U.S.C. 1472(2)	20 U.S.C. 1432(4).
303.22	20 U.S.C. 1472(2)	20 U.S.C. 1432(4).
303.23	20 U.S.C. 1401(a)(6)	20 U.S.C. 1401(27).
303.24	20 U.S.C. 1471-1485	20 U.S.C. 1431-1445.
303.101	20 U.S.C. 1478	20 U.S.C. 1437.
303.110	20 U.S.C. 1478(a)(4)	20 U.S.C. 1437(a)(3).
303.111	20 U.S.C. 1478(a)(4)(A)	20 U.S.C. 1437(a)(7).
303.112	20 U.S.C. 1478(a)(4)	20 U.S.C. 1437(a)(7).
303.120	20 U.S.C. 1478(b)	20 U.S.C. 1437(b).
303.121	20 U.S.C. 1478(b)(4)	20 U.S.C. 1437(b)(4).
303.122	20 U.S.C. 1478(b)(3)	20 U.S.C. 1437(b)(3).
303.123	20 U.S.C. 1478(b)(5)(A)	20 U.S.C. 1437(b)(5)(A).
303.124	20 U.S.C. 1478(b)(5)(B)	20 U.S.C. 1437(b)(5)(B).
303.125	20 U.S.C. 1478(b)(6)	20 U.S.C. 1437(b)(6).
303.126	20 U.S.C. 1478(b)(2)	20 U.S.C. 1437(b)(2).
303.127	20 U.S.C. 1478(b)(1)	20 U.S.C. 1437(b)(1).
303.128	20 U.S.C. 1478(b)(7)	20 U.S.C. 1437(b)(7).
303.141	20 U.S.C. 1478(a)(3)	20 U.S.C. 1437(a)(3).
303.142	20 U.S.C. 1478(a)(1)	20 U.S.C. 1437(a)(1).
303.143	20 U.S.C. 1478(a)(2)	20 U.S.C. 1437(a)(2).
303.144	20 U.S.C. 1478(a)(4)	20 U.S.C. 1437(a)(3).
303.145	20 U.S.C. 1478(a)(4) and (a)(6).	20 U.S.C. 1437(a)(3) and (a)(5).
303.146	20 U.S.C. 1478(a)(5)	20 U.S.C. 1437(a)(7).

Section	Remove	Add
303.148	20 U.S.C. 1478(a)(8)	20 U.S.C. 1437(a)(8).
303.160.	20 U.S.C. 1476(a), 1478(a)(9).	20 U.S.C. 1435(a), 1437(a)(9).
303.161	20 U.S.C. 1476(b)(1)	20 U.S.C. 1435(a)(1).
303.162	20 U.S.C. 1476(b)(7)	20 U.S.C. 1435(a)(7).
303.164	20 U.S.C. 1476(b)(6)	20 U.S.C. 1435(a)(6).
303.165	20 U.S.C. 1476(b)(5)	20 U.S.C. 1435(a)(5).
303.166	20 U.S.C. 1476(b)(3); 1477(a)(1), (d)(2), and (d)(3).	20 U.S.C. 1435(a)(3); 1436(a)(1), (d)(2), and (d)(3).
303.167	20 U.S.C. 1476(b)(4), 1477(d).	20 U.S.C. 1435(a)(4), 1436(d).
303.168	20 U.S.C. 1476(b)(8)	20 U.S.C. 1435(a)(8).
303.169	20 U.S.C. 1476(b)(13).	20 U.S.C. 1435(a)(9).
303.170	20 U.S.C. 1476(b)(12).	20 U.S.C. 1435(a)(13).
303.171	20 U.S.C. 1476(b)(9)(A).	20 U.S.C. 1435(a)(10)(A).
303.172	20 U.S.C. 1476(b)(9)	20 U.S.C. 1435(a)(10).
303.173	20 U.S.C. 1476(b)(9)(D) and (b)(d)(E), 1476(b)(11), 1481.	20 U.S.C. 1435(a)(10)(D) and (E), 1435(a)(12), 1440.
303.174	20 U.S.C. 1476(b)(9)(E).	20 U.S.C. 1435(a)(10)(E) and (F).
303.175	20 U.S.C. 1476(b)(10).	20 U.S.C. 1435(a)(11).
303.176	20 U.S.C. 1476(b)(14).	20 U.S.C. 1435(a)(14).
303.180	20 U.S.C. 1484(b); H.R. Rep. No. 198, 102d Cong., 1st Sess.22 (1991).	20 U.S.C. 1443(b).
303.200	20 U.S.C. 1484(c)	20 U.S.C. 1443(c).
303.201	20 U.S.C. 1484(d)	20 U.S.C. 1443(d).
303.202	20 U.S.C. 1484(c)(1)	20 U.S.C. 1443(c)(2).
303.203	20 U.S.C. 1484(b)	20 U.S.C. 1443(b).
303.300	20 U.S.C. 1472(1), 1476(b)(1).	20 U.S.C. 1432(5), 1435(a)(1).
303.301	20 U.S.C. 1476(b)(7)	20 U.S.C. 1435(a)(7).
303.320	20 U.S.C. 1476(b)(6)	20 U.S.C. 1435(a)(6).
303.321	20 U.S.C. 1472(2)(E)(vii), 1476(b)(5).	20 U.S.C. 1432(4)(E)(vii), 1435(a)(5).
303.322	20 U.S.C. 1476(b)(3); 1477(a)(1), (a)(2), (d)(1), and (d)(2).	20 U.S.C. 1435(a)(3); 1436(a)(1), (a)(2), (d)(1), and (d)(2).
303.323	20 U.S.C. 1476(b)(3); 1477(a)(1), (d)(2), and (sic).	20 U.S.C. 1435(a)(3); 1436(a)(1), (d)(2), and (d)(3).
303.340	20 U.S.C. 1477	20 U.S.C. 1436.
303.342	20 U.S.C. 1477	20 U.S.C. 1436.
303.343	20 U.S.C. 1477(b)	20 U.S.C. 1436(b).
303.344	20 U.S.C. 1477(d)	20 U.S.C. 1436(d).
303.345	20 U.S.C. 1477(c)	20 U.S.C. 1436(c).
303.346	20 U.S.C. 1477	20 U.S.C. 1436.
303.360	20 U.S.C. 1476(b)(8)	20 U.S.C. 1435(a)(8).
303.361	20 U.S.C. 1476(b)(13).	20 U.S.C. 1435(a)(9).
303.400	20 U.S.C. 1480	20 U.S.C. 1439.
303.401	20 U.S.C. 1480	20 U.S.C. 1439.
303.402.	20 U.S.C. 1480(4)	20 U.S.C. 1439(a)(4).
303.404	20 U.S.C. 1480	20 U.S.C. 1439.
303.405	20 U.S.C. 1480(3)	20 U.S.C. 1439(a)(3).
303.406	20 U.S.C. 1480(5)	20 U.S.C. 1439(a)(5).
303.420	20 U.S.C. 1480(1)	20 U.S.C. 1439(a)(1).
303.421	20 U.S.C. 1480(1)	20 U.S.C. 1439(a)(1).
303.422	20 U.S.C. 1480	20 U.S.C. 1439.
303.423	20 U.S.C. 1480(1)	20 U.S.C. 1439(a)(1).
303.424	20 U.S.C. 1480(1)	20 U.S.C. 1439(a)(1).

continued

3. In Part 303 revise all eferences to "Part H" to read "Part C".

Sec. 303.1 [Amended]

4. Section 303.1(a) is amended by removing the word "Develop" and adding, in its place, the word "Maintain".

Sec. 303.2 [Amended]

5. Section 303.2 is amended by adding a period after "Mariana Islands" and removing the remainder of the sentence.

6. Section 303.3 is amended by removing "plan, develop," and adding, in its place, the word "maintain" in paragraph (a); and by adding a new paragraph (e) and revising the authority citation following the section to read as follows:

Sec. 303.3 Activities that may be supported under this part.

* * * * *

(e) To strengthen the statewide system by initiating, expanding, or improving collaborative efforts related to at-risk infants and toddlers, including establishing linkages with appropriate public or private community-based organizations, services, and personnel for the purpose of—

(1) Identifying and evaluating at-risk infants and toddlers;

(2) Making referrals of the infants and toddlers identified and evaluated under paragraph (e)(1) of this section; and

Section	Remove	Add
303.425	20 U.S.C. 1480(7).	20 U.S.C. 1439(a)(7).
303.460	20 U.S.C. 1480(2), 1483.	20 U.S.C. 1439(a)(2), 1442.
303.500	20 U.S.C. 1476(b)(9)	20 U.S.C. 1435(a)(10).
303.501	20 U.S.C. 1476(b)(9)(A).	20 U.S.C. 1435(a)(10)(A).
303.521	20 U.S.C. 1472(2)	20 U.S.C. 1432(4).
303.522	20 U.S.C.1476(b)(9)(B).	20 U.S.C. 1435(a)(10)(B).
303.523	20 U.S.C. 1476(b)(9)(C) and (b)(9)(F).	20 U.S.C. 1435(a)(10)(C) and (a)(10)(F).
303.524	20 U.S.C. 1476(b)(9)(C) and (b)(9)(E).	20 U.S.C. 1435(a)(10)(C) and (a)(10)(E).
303.525	20 U.S.C. 1476(b)(9)(D).	20 U.S.C. 1435(a)(10)(D).
303.526	20 U.S.C. 1476(b)(10).	20 U.S.C. 1435(a)(11).
303.527	20 U.S.C. 1481	20 U.S.C. 1440.
303.528	20 U.S.C.1476(b)(11).	20 U.S.C. 1435(a)(12).
303.540	20 U.S.C. 1476(b)(14).	20 U.S.C. 1435(a)(14).
303.560	20 U.S.C. 1473, 1476(b)(9).	20 U.S.C. 1433, 1435(a)(10).
303.600	20 U.S.C. 1482(a)	20 U.S.C. 1441(a).
303.601	20 U.S.C. 1482(b)	20 U.S.C. 1441(b).
303.602	20 U.S.C. 1479, 1482(c) and (d).	20 U.S.C. 1438, 1441(c) and (d).
303.603	20 U.S.C. 1482(c) and (d).	20 U.S.C. 1441(c) and (d).
303.604	20 U.S.C. 1482(f)	20 U.S.C. 1441(f).
303.650	20 U.S.C. 1482(e)(1)(A) and (e)(2).	20 U.S.C. 1441(e)(1)(A) and (e)(2).
303.651	20 U.S.C.1482(e)(1)(A).	20 U.S.C. 1441(e)(1)(A).
303.652	20 U.S.C. 1482(e)(1)(B).	20 U.S.C. 1441(e)(1)(B).
303.653	20 U.S.C. 1482(e)(1)(C).	20 U.S.C. 1441(e)(1)(C).
303.654	20 U.S.C. 1482(e)(1)(D).	20 U.S.C. 1441(e)(1)(D).

(3) Conducting periodic follow-up on each referral under paragraph (e)(2) of this section to determine if the status of the infant or toddler involved has changed with respect to the eligibility of the infant or toddler for services under this part.

(Authority: 20 U.S.C. 1433 and 1438)

Sec. 303.5 [Amended]

7. Section 303.5 is amended by removing "; and" at the end of paragraph (a)(1)(vii), and adding, in its place, a period; and by removing paragraph (a)(1)(viii).

Sec. 303.12 [Amended]

8. Section 303.12 is amended by removing paragraph (b)(2) and removing the paragraph designation "(1)" in paragraph (b).

Secs. 303.18-303.24 [Redesignated]

9. Sections 303.18 through 303.24 are redesignated as Secs. 303.19 through 303.25, respectively.

10. A new Sec. 303.18 is added to read as follows:

Sec. 303.18 Natural environments.

As used in this part, natural environments means settings that are natural or normal for the child's age peers who have no disabilities.

(Authority: 20 U.S.C. 1435 and 1436)

Sec. 303.20 [Amended]

11. Redesignated Sec. 303.20(b)(1) is amended by removing the words "develop and implement", and adding, in their place, the word "maintain"; and by removing "303.150", and adding, in its place, "303.140".

Sec. 303.24 [Amended]

12-13. Redesignated Sec. 303.24 is amended by adding a period after "Mariana Islands" and removing the remainder of the sentence.

14. Section 303.100 is revised to read as follows:

Sec. 303.100 Conditions of assistance.

(a) In order to receive funds under this part for any fiscal year, a State must have—

(1) An approved application that contains the information required in this part, including—

(i) The information required in Secs. 303.140 through 303.148; and

(ii) The information required in Secs. 303.161 through 303.176; and

(2) The statement of assurances required under Secs. 303.120 through 303.128, on file with the Secretary.

(b) If a State has on file with the Secretary a policy, procedure, or assurance that demonstrates that the State meets an application requirement, including any policy or procedure filed under this part before July 1, 1998, that meets such a requirement, the Secretary considers the State to have met that requirement for purposes of receiving a grant under this part.

(c) An application that meets the requirements of this part remains in effect until the State submits to the Secretary modifications of that application.

(d) The Secretary may require a State to modify its application under this part to the extent necessary to ensure the State's compliance with this part if—

(1) An amendment is made to the Act, or to a regulation under this

part;

(2) A new interpretation is made to the Act by a Federal court or the State's highest court; or

(3) An official finding of noncompliance with Federal law or regulations is made with respect to the State.

(Authority: 20 U.S.C. 1434 and 1437)

Sec. 303.111 [Amended]

15. Section 303.111 is amended by adding ", including individuals with disabilities and parents of infants and toddlers with disabilities," after the word "public" in paragraph (a); and by removing "part H", and adding, in its place, "part C" in paragraph (b)(1).

16. Section 303.113 is amended by revising the heading, revising paragraph (b), and revising the authority citation following the section to read as follows:

Sec. 303.113 Reviewing public comments received.

* * * * *

(b) Submission to the Secretary. In submitting the State's application or policy to the Secretary, the lead agency shall include copies of news releases, advertisements, and announcements used to provide notice to the general public, including individuals with disabilities and parents of infants and toddlers with disabilities.

(Authority: 20 U.S.C. 1437(a)(7))

Sec. 303.124 [Amended]

17. Section 303.124(a) is amended by removing the words "and increase" after the word "supplement".

18. Section 303.140 is revised to read as follows:

Sec. 303.140 General.

A State's application under this part must contain information and assurances demonstrating to the satisfaction of the Secretary that—

(a) The statewide system of early intervention services required in this part is in effect; and

(b) A State policy is in effect that ensures that appropriate early intervention services are vailable to all infants and toddlers with disabilities and their families, including Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the State.

(Authority: 20 U.S.C. 1434 and 1435(a)(2))

Sec. 303.144 [Amended]

19. Section 303.144 is amended by removing "plan, develop," and adding, in its place, "maintain".

20. Section 303.145 is amended by removing "(d)" in paragraph (a), and adding, in its place, "(e)"; adding "including a description of any services provided to at-risk infants and toddlers as defined in Sec. 303.16(b), and their families," in paragraph (d)(1) before the word "consistent"; redesignating paragraph (e) as paragraph (f); and adding a new paragraph (e) to read as follows:

Sec. 303.145 Description of use of funds.

* * * * *

(e) At-risk infants and toddlers. For any State that does not provide direct services for at-risk infants and toddlers described in paragraph (d)(1) of this section, but chooses to use funds as described in Sec. 303.3(e), each application must include a description of how those funds will be used.

* * * * *

21. Section 303.147 is revised to read as follows:

Sec. 303.147 Services to all geographic areas.

Each application must include a description of the procedure used to ensure that resources are made available under this part for all geographic areas within the State.

(Authority: 20 U.S.C. 1437(a)(6))

22. Section 303.148 is amended by revising the undesignated introductory text, paragraph (a), and paragraph (b); and, in note 1following the authority citation, adding a period after the word "agencies" in the first bullet and removing the remainder of the sentence, adding a period after the word "children" in the second bullet and removing the remainder of the sentence, and removing "sections 613(a)(15) and 614(a)(5) of the Act" and adding, in its place, "section 612(a)(9) of the Act" in the third bullet; and removing note 2 following the authority citation; to read as follows:

Sec. 303.148 Transition to preschool programs.

Each application must include a description of the policies and procedures to be used to ensure a smooth transition for children receiving early intervention services under this part to preschool or other appropriate services, including—

(a) A description of how the families will be included in the transition plans;

(b) A description of how the lead agency under this part will—

(1) Notify the local educational agency for the area in which the child resides that the child will shortly reach the age of eligibility for preschool services under Part B of the Act, as determined in accordance with State law;

(2)(i) In the case of a child who may be eligible for preschool services under Part B of the Act, with the approval of the family of the child, convene a conference among the lead agency, the family, and the local educational agency at least 90 days, and at the discretion of the parties, up to 6 months, before the child is eligible for the preschool services, to discuss any services that the child may receive; or

(ii) In the case of a child who may not be eligible for preschool services under Part B of the Act, with the approval of the family, make reasonable efforts to convene a conference among the lead agency, the family, and providers of other appropriate services for children who are not eligible for preschool services under Part B, to discuss the appropriate services that the child may receive;

(3) Review the child's program options for the period from the child's third birthday through the remainder of the school year; and

(4) Establish a transition plan; and

* * * * *

23. Sections 303.149 through 303.155 and the undesignated center heading preceding Sec. 303.149 are removed.

24. The undesignated center heading preceding Sec. 303.160 is amended by removing "for years four, five, and thereafter".

Sec. 303.160 [Amended]

25. Section 303.160 is amended by removing the words "on reservations" and adding, in their place, the words "and their families residing on a reservation geographically located in the State".

Sec. 303.163 [Removed and Reserved]

26. Section 303.163 is removed and reserved.

27. Section 303.167 is amended by revising paragraph (a); removing the period at the end of paragraph (b)(2), and adding, in its place, "; and"; and adding a new paragraph (c) to read as follows:

Sec. 303.167 Individualized family service plans.

* * * * *

(a) An assurance that a current IFSP is in effect and implemented for each eligible child and the child's family;

* * * * *

(c) Policies and procedures to ensure that—

(1) To the maximum extent appropriate, early intervention services are provided in natural environments; and

(2) The provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only if early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.

Sec. 303.170 [Amended]

28. Section 303.170 is amended by removing "303.420" and adding, in its place, "303.419" in paragraph (a); and inserting "303.419," before "303.420(b)" in paragraph (b)(2).

29. Section 303.204 is amended by designating the existing text as paragraph (a), adding a new paragraph (b), and revising the authority citation following the section to read as follows:

Sec. 303.204 Payments to the jurisdictions.

* * * * *

(b) The provisions of Pub. L. 95-134, permitting the consolidation of grants to the outlying areas, do not apply to funds provided under paragraph (a) of this section.

(Authority: 20 U.S.C. 1443(a))

Sec. 303.205 [Removed]

30. Section 303.205 is removed.

Sec. 303.302 [Amended]

31. Section 303.302 and the note following the section are removed.

Sec. 303.320 [Amended]

32. Section 303.320 is amended by removing the words "of information materials" in the undesignated introductory text, and adding, in their place, ", especially hospitals and physicians, of materials".

Sec. 303.321 [Amended]

33. Section 303.321 is amended by adding a period after the word "services" the first place it appears in paragraph (b)(2) and removing the remainder of the sentence.

Sec. 303.322 [Amended]

34. Section 303.322 is amended by removing the words "including assessment activities related to the child and the child's family" in paragraph (a)(1) and adding, in their place, "and a family-directed identification of the needs of each child's family to appropriately assist in the development of the child"; removing the words "related to enhancing the development of the child" in paragraph (d)(1), and adding, in their place, "and the identification of the

supports and services necessary to enhance the family's capacity to meet the developmental needs of the child"; and removing the note following the section.

Sec. 303.341 [Removed and Reserved]

35. Section 303.341 is removed and reserved.

Sec. 303.344 [Amended]

36. Section 303.344(d)(1)(ii) is amended by adding "Sec. 303.18" after "Sec. 303.12(b)" and adding ", and a justification of the extent, if any, to which the services will not be provided in a natural environment" after "provided".

Sec. 303.360 [Amended]

37. Section 303.360 is amended by adding "and inner-city" after the word "rural" in paragraph (c)(3); and adding "or to other preschool or other appropriate services" after the word "Act" in paragraph (c)(4).

38. Section 303.361 is amended by adding new paragraphs (f) and (g) to read as follows:

Sec. 303.361 Personnel standards.

* * * * *

(f) A State may allow paraprofessionals and assistants who are appropriately trained and supervised, in accordance with State law, regulations, or written policy, to assist in the provision of early intervention services to eligible children under this part.

(g) In implementing this section, a State may adopt a policy that includes making ongoing good-faith efforts to recruit and hire appropriately and adequately trained personnel to provide early intervention services to eligible children, including, in a geographic area of the State where there is a shortage of personnel that meet these qualifications, the most qualified individuals available who are making satisfactory progress toward completing applicable ourse work necessary to meet the standards described in paragraph (b)(2) of this section, consistent with State law, within three years.

39. Section 303.406 is amended by revising paragraph (d)(1) to read as follows:

Sec. 303.406 Surrogate parents.

* * * * *

(d) * * *

(1) A person assigned as a surrogate parent may not be—

(i) An employee of any State agency; or

(ii) A person or an employee of a person providing early intervention services to the child or to any family member of the child.

* * * * *

40. The undesignated center heading preceding Sec. 303.420 is revised to read "Mediation and Due Process Procedures for Parents and Children".

41. A new Sec. 303.419 is added following the undesignated center heading to read as follows:

Sec. 303.419 Mediation.

(a) General. Each State shall ensure that procedures are established and implemented to allow parties to disputes involving any matter described in Sec. 303.403(a) to resolve the disputes through a mediation process which, at a minimum, must be available whenever a hearing is requested under Sec. 303.420. The lead agency may either use the mediation system established under Part B of the Act or establish its own system.

(b) Requirements. The procedures must meet the following requirements:

(1) The procedures must ensure that the mediation process—

(i) Is voluntary on the part of the parties;

(ii) Is not used to deny or delay a parent's right to a due process hearing under Sec. 303.420, or to deny any other rights afforded under Part C of the Act; and

(iii) Is conducted by a qualified and impartial mediator who is trained in effective mediation techniques.

(2) The State shall maintain a list of individuals who are qualified mediators and knowledgeable in laws and regulations relating to the provision of special education and related services.

(3) The State shall bear the cost of the mediation process, including the costs of meetings described in paragraph (c) of this section.

(4) Each session in the mediation process must be scheduled in a timely manner and must be held in a location that is convenient to the parties to the dispute.

(5) An agreement reached by the parties to the dispute in the ediation process must be set forth in a written mediation agreement.

(6) Discussions that occur during the mediation process must be confidential and may not be used as evidence in any subsequent due process hearings or civil proceedings, and the parties to the mediation process may be required to sign a confidentiality pledge prior to the commencement of the process.

(c) Meeting to encourage mediation. A State may establish procedures to require parents who elect not to use the mediation process to meet, at a time and location convenient to the parents, with a disinterested party—

(1) Who is under contract with a parent training and information center or community parent resource center in the State established under sections 682 or 683 of

the Act, or an appropriate alternative dispute resolution entity; and

(2) Who would explain the benefits of the mediation process and encourage the parents to use the process.

(Authority: 20 U.S.C. 1415(e) and 1439(a)(8))

Sec. 303.420 [Amended]

42. Section 303.420 is amended by revising the heading to read "Due process procedures."; adding "including procedures for mediation as described in Sec. 303.419," after the words "written procedures" in the undesignated introductory text; adding "mediation and" before "due process" in paragraph (a); adding "Sec. 303.419 and" before "Sec. 303.421" in paragraph (b)(1); and, in note 2 following the section, removing the second and third paragraphs.

Sec. 303.424 [Amended]

43-45. Section 303.424 is revised by removing "section 680(1) of the Act" and adding, in its place, "section 639(a)(1) of the Act."

Sec. 303.522 [Amended]

46. Section 303.522 is amended by removing paragraph (b)(5) and redesignating paragraphs (b)(6) and (7) as paragraphs (b)(5) and (6), respectively.

Sec. 303.527 [Amended]

47. Section 303.527 is amended by removing "but for the enactment of Part H of the Act" in paragraph (a), and adding, in its place, ", including any medical program administered by the Secretary of Defense, but for the enactment of Part C of the Act".

48. Section 303.540 is amended by revising paragraph (a)(2) to read as follows:

Sec. 303.540 Data collection.

(a) * * *

(2) Provide for reporting data required under section 618 of the Act that relates to this part.

* * * * *

49. Section 303.600 is amended by revising paragraph (a) to read as follows:

Sec. 303.600 Establishment of Council.

(a) A State that desires to receive financial assistance under this part shall establish a State Interagency Coordinating Council.

* * * * *

50. Section 303.601 is amended by revising paragraph (a)(7) and adding new paragraphs (a)(8) and (9) to read as follows:

Sec. 303.601 Composition.

(a) * * *

(7) At least one member must be from the agency responsible for the State governance of health insurance.

(8) At least one member must be from a Head Start agency or program in the State.

(9) At least one member must be from a State agency responsible for child care.

* * * * *

Sec. 303.602 [Amended]

51. Section 303.602 is amended by removing the word "by" in paragraph (a) introductory text, and adding, in its place, the word "of".

52. Section 303.650 is amended by adding a new paragraph (c) to read as follows:

Sec. 303.650 General.

* * * * *

(c) Each Council may advise appropriate agencies in the State with respect to the integration of services for infants and toddlers with disabilities and at-risk infants and toddlers and their families, regardless of whether at-risk infants and toddlers are eligible for early intervention services in the State.

Sec. 303.653 [Amended]

53. Section 303.653 is amended by adding "preschool and other appropriate services." after the word "to" and removing the remainder of the sentence.

Sec. 303.670 [Amended]

54. Section 303.670 and the preceding undesignated center heading are removed.

[FR Doc. 98-9682 Filed 4-13-98; 8:45 am]

BILLING CODE 4000-01-P

Proposed Revisions to Regulations for Part C of IDEA

34 CFR Part 303, Early Intervention Program for Infants and Toddlers With Disabilities

From the *Federal Register* of October 22, 1997 (Vol. 62, No. 204)

PART 303 — EARLY INTERVENTION PROGRAM FOR INFANTS AND TODDLERS WITH DISABILITIES

3. The authority citation for part 303 is revised to read as follows:

Authority: 20 U.S.C. 1431-1445, unless otherwise noted.

4. Section 303.18 is revised to read as follows:

Sec. 303.18 Parent.

(a) As used in this part, "parent" means a parent, a guardian, a person acting as a parent of a child, or a surrogate parent who has been appointed in accordance with Sec. 303.406. The term does not include the State if the child is a ward of the State.

(b) State law may provide that a foster parent qualifies as a parent under this part if¾

(1) The natural parents' authority to make early intervention or educational decisions on the child's behalf has been relinquished under State law;

(2) The foster parent has an ongoing, long-term parental relationship with the child;

(3) The foster parent is willing to participate in making early intervention or educational decisions on the child's behalf; and

(4) The foster parent has no interest that would conflict with the interests of the child.

(Authority: 20 U.S.C. 1436)

Note: The term "parent" has been defined to include persons acting in the place of a parent, such as a grandparent or stepparent with whom a child lives, as well as persons who are legally responsible for the child's welfare, and, at the discretion of the State, a foster parent meeting the requirements of paragraph (b) of this section. The definition in this section is identical to the definition used in the regulations under Part B of the Act (34 CFR 300.19).

5. Section 303.403 is amended by removing the word "and" at the end of paragraph (b)(2); removing the period at the end of paragraph (b)(3) and adding, in its place, "; and"; by adding a new paragraph (b)(4); and by revising the citation of authority to read as follows:

Sec. 303.403 Prior notice; native language.

* * * * *

(b) Content of notice. The notice must be in sufficient detail to inform the parents about—

* * * * *

(4) The State complaint procedures under Secs. 303.510-512, including a description of how to file a complaint and the timelines under those procedures.

(Authority: 20 U.S.C. 1439(a)(6) and (7))

6. Section 303.510 is amended by revising paragraph (b); redesignating the existing note as Note 1; adding a new Note 2; and revising the citation of authority to read as follows:

Sec. 303.510 Adopting complaint procedures.

* * * * *

(b) Widely disseminating to parents and other interested individuals, including parent training centers, protection and advocacy agencies, independent living centers, and other appropriate entities, the State's procedures under Secs. 303.510 through 303.512.

(Authority: 20 U.S.C. 1435(a)(10))

Note 1: Because of the interagency nature of Part C of the Act, complaints received under these regulations could concern violations by (1) any public agency in the State that receives funds under this part (e.g., the lead agency and the Council), (2) other public agencies that are involved in the State's early intervention program, or (3) private service providers that receive Part C funds on a contract basis from a public agency to carry out a given function or provide a given service required under this part. These complaint procedures are in addition to any other rights under State or Federal law. The lead agency must provide for the filing of a complaint with the lead agency and, at the lead agency's discretion, with a public agency subject to a right of appeal to the lead agency.

Note 2: In resolving a complaint alleging failure to provide services in the IFSP, a lead agency, pursuant to its general supervisory authority under this part, may award compensatory services as a remedy.

7. Section 303.511 is amended by adding a new paragraph (c) and a note; and revising the citation of authority to read as follows:

Sec. 303.511 An organization or individual may file a complaint.

* * * * *

(c) The alleged violation must have occurred not more than one year prior to the date that the complaint is received by the public agency unless a longer period is reasonable because the violation is continuing, or the complainant is requesting compensatory services for a violation that occurred not more than three years prior to the date the complaint is received by the public agency.

(Authority: 20 U.S.C. 1435(a)(10))

Note: The lead agency must resolve any complaint that meets the requirements of this section, even if the complaint is filed by an organization or individual from another State.

8. Section 303.512 is revised by removing paragraph (d), revising the citation of authority, and adding two notes following the revised citation of authority to read as follows:

Sec. 303.512 Minimum State complaint procedures.

* * * * *

(Authority: 20 U.S.C. 1435(a)(10))

Note 1: If a written complaint is received that is also the subject of a due process hearing under Sec. 303.420, or contains multiple issues, of which one or more may be part of that hearing, the State must set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. However, any issue in the complaint that is not a part of the due process action must be resolved within the 60-calendar-day timeline using the complaint procedures described in this section.

Note 2: If an issue is raised in a complaint filed under this section that has previously been decided in a due process hearing involving the same parties, then the hearing decision is binding, and the lead agency would inform the complainant to that effect. A complaint alleging a public agency's failure to implement a due process decision, however, would have to be resolved by the lead agency.

9. Section 303.520 is amended by adding new paragraphs (d) and (e) and three notes; and revising the citation of authority to read as follows:

Sec. 303.520 Policies related to payment for services.

* * * * *

(d) Infants and toddlers with disabilities who are covered by private insurance.

(1) A lead agency may not require parents of infants and toddlers with disabilities, if they would incur a financial cost, to use private insurance proceeds to pay for the services that must be provided to an eligible infant or toddler under this part.

(2) For the purposes of this section, the term "financial costs" includes—

(i) An out-of-pocket expense such as the payment of a deductible or co-pay amount incurred in filing a claim, but not including incidental costs such as the time needed to file an insurance claim or the postage needed to mail the claim;

(ii) A decrease in available lifetime coverage or any other benefit under an insurance policy; and

(iii) An increase in premiums or the discontinuation of the policy.

(e) Proceeds from public or private insurance. Proceeds from public or private insurance may not be treated as program income for purposes of 34 CFR 80.25.

(Authority: 20 U.S.C. 1435(a)(10); 1432(4)(B))

Note 1: Under paragraph (d), States are prohibited from requiring that families use private insurance as a condition of receiving services under this part, if that use results in financial cost to the family. The use of parents' insurance proceeds to pay for services in these circumstances must be voluntary. For example, a family could not be required to access private insurance that is required to enable a child to receive Medicaid services, if that insurance use results in financial costs to the family.

Note 2: If the State cannot get parental consent to use private insurance, the State may use funds under this part to pay for the service. In addition, in order to avoid financial cost to parents who would otherwise consent to use of private insurance, the lead agency may use funds under this part to pay the costs of accessing the insurance; e.g., deductible or co-pay amounts.

Note 3: Paragraph (e) clarifies that, if a State receives funds from public or private insurance for services under this part, the State is not required to return those funds to the Department or to dedicate those funds for use in this program, although a State retains the option of using those funds in this program. If a State spends reimbursements from Federal funds (e.g., Medicaid) for services under this part, those funds will not be considered "State or local" funds for purposes of the nonsupplanting provision in Sec. 303.124. This is because the expenditure that is reimbursed is considered to be an expenditure of funds from the source that provides the reimbursement.

PART C Updates

APPENDIX C:

State & Jurisdictional Eligibility Definitions Under IDEA

Full text of *State and Jurisdictional Eligibility Definitions for Infants and Toddlers With Disabilities Under IDEA* (NECTAS Notes No. 5, revised), by Jo Shackelford , January 1998
(revised prior to date on which the
IDEA Amendments of 1997 became effective)

Number 5, revised January 1998

State and Jurisdictional Eligibility Definitions for Infants and Toddlers With Disabilities Under IDEA[1]

by
Jo Shackelford

A major challenge to state and jurisdictional policy makers in implementing the Early Intervention Program for Infants and Toddlers with Disabilities (Part H, to be renamed Part C on July 1, 1998) under the Individuals with Disabilities Education Act (IDEA) is determining definitions of developmental delay and criteria of eligibility for services to young children, birth through 2 years of age, and their families. Under Part H, participating states and jurisdictions must provide services to two groups of children: those who are experiencing developmental delays, and those who have a diagnosed mental or physical condition that has a high probability of resulting in developmental delay. In addition, states may choose to serve children who are at risk of having substantial developmental delays if early intervention services are not provided. *(See Figure 1 on page 2 for the statutory language relating to eligibility that will take effect on July 1, 1998, under Part C of the IDEA Amendments of 1997.)*

The task of defining the eligible population has been a challenge for states. Eligibility criteria influence the numbers and types of children needing or receiving services, the types of services provided, and ultimately the cost of the early intervention system. A few states have revised their definitions in an attempt to reduce the number of children eligible for services, especially if the state has experienced financial difficulties. Soon after the creation of the Part H program under IDEA, many states indicated that they would serve children at risk, but this number decreased as concerns increased about costs. Several states that are not serving children at risk under their definition indicate that they will monitor the development of these children and refer them for early intervention services as delays are manifested.

This paper discusses how the 50 states and 7 jurisdictions that participate in the Part H program define developmental delay and, as applicable, at risk in

---

[1] The information in this paper reflects the provisions of federal statute and regulations that had been adopted at the time of publication. These are the IDEA Amendments of 1997, which, for the Program for Infants and Toddlers With Disabilities, become effective on July 1, 1998; and the 1993 regulations from the U.S. Department of Education, which were developed under the preceding IDEA statute and which are effective through June 30, 1998.

-continued-

NEC*TAS NOTES
A periodic topical publication

National Early Childhood Technical Assistance System (NEC*TAS)
137 E. Franklin Street, Suite 500 • Chapel Hill, NC 27514 • (919) 962-2001
A program of the Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill

their definition of eligibility for services. Table 1 displays a summary of states' and jurisdictions' definitions of developmental delay and, as applicable, their approaches to serving children who are at risk of having substantial developmental delay.

Criteria for Definitions of Developmental Delay

Although the regulations under Part H specify the developmental areas that are to be included in states' definitions of developmental delay (U. S. Department of Education (USDE), 1993; see 34 CFR §303.16(a)(1)), states must identify appropriate diagnostic instruments, procedures (including the use of informed clinical opinion), and levels of functioning or other criteria that will be used to determine eligibility. A review of state eligibility definitions under Part H reveals that states are expressing criteria for delay quantitatively — such as (a) the difference between chronological age and actual performance level expressed as a percentage of chronological age, (b) delay expressed as performance at a certain number of months below chronological age, or (c) delay as indicated by standard deviation below the mean on a norm referenced instrument — and qualitatively — such as delay indicated by atypical development or observed atypical behaviors. A few states have developed a matrix of criteria for delay, differentiating the amount of delay according to the age of the child in months. The rationale for this is that a 25% delay in a 1-year-old's development, for example, is quite different from a 25% delay in a 3-year-old's development (Harbin, Gallagher, & Terry, 1991; Shonkoff & Meisels, 1991).

Figure 1
Definitions Related to Eligibility Under Part C of the IDEA Amendments of 1997

Under Part C of IDEA, states *must provide* services to any child "under 3 years of age who needs early intervention services" (20 U.S.C. §1432(5)(A)) because the child:

"(i) is experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more of the areas of cognitive development, physical development, communication development, social or emotional development, and adaptive development; or

(ii) has a diagnosed physical or mental condition which has a high probability of resulting in developmental delay" (20 U.S.C. §1432(5)(A)).

A state also *may provide* services, at its discretion, to at-risk infants and toddlers. An at-risk infant or toddler is defined under Part C as "an individual under 3 years of age who would be at risk of experiencing a substantial developmental delay if early intervention services were not provided to the individual" (20 U.S.C. §1432(1)).

There is wide variability in the type of quantitative criteria states use to describe developmental delay, and there also is a wide range in the level of delay states require for eligibility. Common measurements of level of delay are 25% delay or 2 standard deviations (SD) below the mean in one or more developmental areas, or 20% delay or 1.5 SD in two or more areas. Traditional assessment instruments, yielding scores in standard deviations or developmental age in months, may not adequately address some developmental domains, or may not be comparable across developmental domains or across age levels (Benn, 1994; Meisels, 1991). For this reason, some states have included qualitative criteria for determining developmental delay. This type of criterion includes findings of atypical behavior.

Because there are an insufficient number of reliable and valid instruments for the birth-through-2 age group and questionable predictive validity for available instruments, determining delay by traditional assessment can be problematic (Benn, 1994; Shonkoff & Meisels, 1991). For that reason, the Part H regulations require that informed clinical opinion be included for eligibility determination (USDE, 1993; see 34 CFR §303.322(c)(2)). Informed clinical opinion relies on qualitative and quantitative information to determine the need for early intervention services, and typically is derived from the consensus of a multidisciplinary team that includes parents and information from multiple sources (Benn, 1994; Biro, Daulton, & Szanton, 1991; Harbin et al., 1991). Several states determine eligibility only through informed clinical opinion.

Inclusion of Risk Factors

Three categories of risk for adverse developmental outcomes that are frequently described by states are established risk, biological/medical risk, and environmental risk. Children with an established physical or mental condition with a high probability of resulting in developmental delay are, under IDEA, eligible for services. If a state decides to include in its eligibility definition children with other risk factors, it must delineate the criteria and procedures (including the use of informed clinical opinion) that will be used to identify those children. The IDEA Amendments of 1997 encourage states "to expand opportunities for children under 3 years of age who would be at risk of having substantial developmental delay if they did not receive early intervention services" (20 U.S.C. §1431(b)(4)). The Amendments also allow states that do not serve infants and toddlers who are at risk to use IDEA funds to identify, evaluate, refer, and conduct periodic follow-up on each referral to determine any changes in eligibility status (see 20 U.S.C. §1438(4)).

Established Risk. IDEA requires states to provide services to children who have conditions of established risk. A condition of established risk is defined as a "diagnosed physical or mental condition which has a high probability of resulting in developmental delay" (20 U.S.C. §1432(5)(A)(ii)). These conditions include, but are not limited to, "chromosomal abnormalities; genetic or congenital disorders; severe sensory impairments, including hearing and vision; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; disorders secondary to exposure to toxic substances, including fetal alcohol syndrome; and severe attachment disorders" (USDE, 1993; see 34 CFR §303.16, Note 1). Children in this category are eligible for services under Part H of IDEA by virtue of their diagnosis, regardless of whether a measurable delay is present.

Although many states have mirrored the Part H regulatory language in listing diagnosed conditions in their eligibility definitions, several states have included many other conditions in their eligibility definitions. This may be because there is less agreement among professionals about what other conditions might be included in this category versus the biological/medical risk category. Accompanying their list of diagnosed conditions, many states use the phrase "but is not limited to the following" to allow flexibility for other conditions to be accepted for eligibility.

Biological/medical risk. Children with a history of significant biological or medical conditions or events have a greater chance of developing a delay or a disability than children in the general population. Examples of biological/medical risk conditions that states have listed include low birthweight, intraventricular hemorrhage at birth, chronic lung disease, and failure to thrive.

Biological/medical risk conditions do not invariably lead to developmental delay, and many children who have a history of biological events will do well developmentally with or without services (Shonkoff & Meisels, 1991). Therefore, a comprehensive child and family evaluation by a multidisciplinary team (MDT) is necessary to determine (a) eligibility and (b) the appropriate intervention services (Shonkoff & Meisels, 1991).

Environmental Risk. Children at environmental risk include those whose caregiving circumstances and current family situation place them at greater risk for delay than the general population. Examples of environmental risk factors which states have listed include parental substance abuse, family social disorganization, poverty, parental developmental disability, parental age, parental educational attainment, and child abuse or neglect.

As with children at biological/medical risk, environmental risk factors do not invariably result in delay or disability. Therefore, an MDT's comprehensive evaluation is essential to determining eligibility and appropriate services.

Single vs. Multiple Risk Factors. No single event or risk factor reliably predicts developmental outcome. The greater the number of both biological/medical and/or environmental risk factors, the greater the developmental risk. Research shows, however, that there can be factors in a child's caregiving environment that may mediate the impact of risk factors. These may include temperament of the child, high self-esteem, good emotional relationship with at least one parent, and successful learning experiences (Benn, 1991; Knudtson et al., 1990). Assessments should address multiple and cumulative risk criteria, both biological and environmental, and consider the resilience or protective factors, within a context of change over time (Kochanek, Kabacoff & Lipsitt, 1990; Shonkoff & Meisels, 1991).

Some states that serve at-risk children under Part H use a multiple risk model with a range of three to five risk factors required for eligibility for services. A few states require less delay for eligibility when environmental and/or biological/medical risk factors also are present.

Summary of Part H Definitions

Table 1, at the end of this paper, summarizes the policies of states and other governing jurisdictions regarding the definition of developmental delay for Part H eligibility and the provision of services for at-risk children. The author gathered this information from the most recent copy of states' Part H applications provided to NEC*TAS by the Office of Special Education Programs (OSEP) or by the state Part H program coordinators, and from personal communication with Part H coordinators. The Table is divided into four categories: Source, Level of Developmental Delay Required for Eligibility, Serving At-Risk, and Comments.

Source. Source indicates the fiscal year of the state's Part H application from which the eligibility data has been obtained. Some states have submitted a 3-year application for participation; for these states, the 3-year period is noted along with the corresponding fiscal year period. Some other states submitted a mid-cycle report as part of their 3-year application.

Level of Developmental Delay Required for Eligibility. State criteria for delay are indicated in different ways. Those measured by assessment instruments are expressed in standard deviation (SD), percent delay, delay in months, or developmental quotient (DQ). Other determinants include informed clinical opinion or the judgment of an MDT. Areas refer to the five developmental areas cited in the law: "cognitive development, physical development, communication development, social or emotional development, and adaptive development" (20 U.S.C. §1432(5)(A)(i)).

Serving At-Risk. Whether or not a state has elected to serve at-risk children under its Part H program is indicated. If a state is serving only particular categories of at-risk (e.g., biological/medical risk), the eligible category as identified by the state is indicated.

Comments. This column provides several kinds of information. For those states that have elected not to serve at-risk under Part H, the intent to track, screen, or monitor this population or to study the feasibility of serving at-risk is described if the state has so indicated. Other relevant observations about a state's eligibility criteria also are included, such as state-developed lists of risk factors or established conditions.

State definitions are current as of publication date, but may change as states redefine their eligible population. NEC*TAS maintains files on states' Part H eligibility criteria and can provide updated information on request.

References

Benn, R. (1994). Conceptualizing eligibility for early intervention services. In D. M. Bryant & M. A. Graham (Eds.), *Implementing early intervention* (pp. 18-45). New York: Guilford Press.

Benn, R. (1991, January). *A state wide definition of eligibility under P.L. 99-457, Part H: A final research report.* [Available from Jacquelyn Thompson, Early Childhood Education, State Department of Education, P.O. Box 30008, Lansing, MI 48909.]

Biro, P., Daulton, D., & Szanton, E. (1991, December 30). *Informed clinical opinion* (NEC*TAS Notes No. 4). Chapel Hill, NC: NEC*TAS.

Harbin, G. L., Gallagher, J. J., & Terry, D. V. (1991). Defining the eligible population: Policy issues and challenges. *Journal of Early Intervention*, *15*(1), 13-20.

The Individuals with Disabilities Education Act Amendments of 1997, P. L. No. 105-17 (1997) (codified at 20 U.S.C. Secs. 1400-1485).

Kochanek, T., Kabacoff, R., & Lipsitt, L. (1990, April). Early identification of developmentally disabled and at-risk preschool children. *Exceptional Children*, *56*(6), 528-538.

Knudtson, F., Strong, M., Wiegardt, E., Grier, R., & Bennett, B. (1990, January 10). *Definition of developmental delay and high risk factors study, Task B Report: Literature review.* [Available from Mike Zito, Early Intervention Program, State Department of Developmental Services, P.O. Box 944202, Sacramento, CA 95814; or Patricia Spikes-Calvin, Berkeley Planning Associates, 440 Grand Avenue, Suite 500, Oakland, CA 94610.]

Meisels, S. J. (1991). Dimensions in early identification. *Journal of Early Intervention*, *15*(1), 26-35.

Shonkoff, J., & Meisels, S. (1991). Defining eligibility for services under Public Law 99-457. *Journal of Early Intervention*, *15*(1), 21-25.

U. S. Department of Education. (1993, July 30). 34 CFR Part 303: Early intervention program for infants and toddlers with disabilities; final rule. *Federal Register*, *58*(145), 40958-40989.

Table 1
State and Jurisdictional Eligibility Definitions Under Part H of IDEA

State	Source[1]	Level of Developmental Delay Required for Eligibility[2]	Serving At-Risk	Comments
Alabama	FY97	25% delay in one or more areas	NO	Considering additional studies of serving at-risk.
Alaska	FY97	50% delay or equivalent standard deviation (SD) below the norm in one area; multidisciplinary team (MDT) clinical opinion to document atypical development	NO	List of established conditions titled "Disabling Conditions."
American Samoa	FY96	25% delay in one area; or 25% age delay as follows: 6 months: delay of 1.5 months or more 1 year: delay of 3 months or more 1-1/2 years: delay of 4-1/2 months or more 3 years: delay of 9 months or more or professional judgment	NO	Will provide follow-up to at-risk.
Arizona	FY96-98	50% delay in one or more areas	NO	Provides develomental tracking of at-risk.
Arkansas	FY95	2 SD or 35% delay in months in one area for birth to 18 months; 2 SD in one area, 1.5 SD in two areas, or 25% delay in months for age 18-36 months	YES (Medical/ Biological)	At-risk includes children who have medical conditions known to increase statistical risk for long-term medical and developmental problems including "medical conditions resulting from environmental problems like failure to thrive or child abuse."
California	FY94-96	Significant difference between expected level of development and current level of functioning as determined by qualified MDT, including parents; atypical development determined by informed clinical opinion	YES (Biomedical)	Risk due to a combination of biomedical factors diagnosed by qualified clinicians.
Colorado	FY95-97	Significant delay in one or more domains	NO	Part H will coordinate with other state and local efforts to assist chldren at risk.
Connecticut	FY96	Greater than 2 SD in one area; greater than 1.5 SD in two areas; or informed clinical opinion	NO	Track, monitor, and refer children found not eligible.

1. Information for this table was obtained from each state's or jurisdiction's Part H application; the fiscal year (FY) of the application is noted here.
2. "Areas" refers to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive — that are cited in the law.

State	Source[1]	Level of Developmental Delay Required for Eligibility[2]	Serving At-Risk	Comments
Delaware	FY95-97	25% delay in one area; and/or MDT clinical judgment; and/or standardized test scores (when available) of 1.75 SD below the mean.	NO	List of established conditions.
Department of the Interior — Receives Part H allocation which then is distributed by the Department to tribes.				
District of Columbia	FY94-96	50% delay in one or more areas	NO	Will refer and track at-risk.
Florida	FY95-97	Corrected for gestational age for first 24 months of age; 1.5 SD in one area or 25% delay in months in one area; atypical functioning documented by qualified professionals from two or more disciplines	NO	
Georgia	FY96	2 SD in one area; 1.5 SD in two areas; or informed clinical opinion only when no appropriate standardized measure is available	NO	List of established conditions, including atypical development and severe attachment disorders.
Guam	FY92-94	2 SD in one area; 1.5 SD in two areas; atypical development	YES (Biological and Environmental)	Extensive list of established physical, mental conditions. Examples of atypical developmental disorders. List of environmental risk conditions; eligibility requires five or more environmental risk factors.
Hawaii	FY95-97	MDT consensus; no level of SD or % delay specified	YES (Biological and Environmental)	Documented biological risk. Environmental risk is documented by interim care coordinator.
Idaho	FY95-97	30% below age norm or 6 months delay, whichever is less, or 2 SD in one area; 1.5 SD in two areas; informed clinical opinion	NO	Screens and tracks at-risk. These children may be eligible "based on informed clinical opinion for those infants and toddlers having a combination of risk factors that taken together make developmental delay highly possible." Extensive list of established conditions.
Illinois	FY96-98	40% below mean in one area as measured by an appropriate diagnostic instrument specific to the area of delay, or 50% below the mean as measured by a global assessment instrument that assesses multiple areas of delay, or informed clinical opinion.	NO	

1. Information for this table was obtained from each state's or jurisdiction's Part H application; the fiscal year (FY) of the application is noted here.
2. "Areas" refers to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive — that are cited in the law.

State	Source[1]	Level of Developmental Delay Required for Eligibility[2]	Serving At-Risk	Comments
Indiana	FY97	1.5 SD in one area or 20% below chronological age; 1 SD in two areas or 15% below chronological age in two areas; informed clinical opinion	YES (Biological)	Seven biological risk factors defined. Only one risk factor necessary for eligibility..
Iowa	FY96-98	25% below age in one or more areas; professional judgment of an MDT	NO	Children at high risk are served by partnering agencies and services in local communities..
Kansas	FY94-96	25% delay or 1.5 SD in one or more areas; 20% delay or 1 SD in two areas; clinical judgment	NO	Tracking, monitoring, and serving at-risk are based on local discretion and funding.
Kentucky	FY97	2 SD in one area; 1.5 SD in two areas or equal to or less than 75% Developmental Quotient (DQ) in one area; or clinical judgment if atypical development or in absence of standardized measures	NO	List of established conditions.
Louisiana	FY97	Delay in one or more areas, determined by MDT, including family, based on multisource data; team decision-making process described	NO	List of established conditions; will continue to consider serving at-risk; currently considering redefining eligibility criteria to incorporate young children, ages birth through 9 years, including at-risk factors..
Maine	FY94-96	For birth through 2 years, significant difference between age-expected level of development and current level of functioning as determined by parents and professionals on MDT.	NO	Lists of established conditions and biological factors. Biological factors (two or more) trigger evaluation for developmental delay..
Marshall Islands — Not currently eligible for this federal program.				
Maryland	FY95	25% delay in one area; atypical development/ behavior; professional judgment	NO	Track and refer at-risk.
Massachusetts	FY97	Guideline: Developmental delay in one or more area: Age 6 months — 1.5 months delay Age 12 months — 3 months delay Age 18 months — 4 months delay Age 24 months — 6 months delay Age 30 months — 6 months delay	YES (Biological and Environmental)	Eligibility requires presence of five or more risk factors from either of two lists of child or family characteristics (operationally, presence of four risk factors required for eligibility).

[1] Information for this table was obtained from each state's or jurisdiction's Part H application; the fiscal year (FY) of the application is noted here.

[2] "Areas" refers to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive — that are cited in the law.

State	Source[1]	Level of Developmental Delay Required for Eligibility[2]	Serving At-Risk	Comments
Michigan	FY97-99	Informed clinical judgment of MDT and parents; multiple sources of information including developmental history, observational assessment, recent health status appraisal, and an appropriate formal assessment measure (standardized developmental test, inventory, or behavioral checklist).	NO	At-risk not entitled to services under Part H, but local service areas may choose to serve this population. Biological and environmental risk factors described; children are considered at risk for substantial developmental delay based on parental and/or professional judgment and presence of four or more risk factors.
Micronesia — The Federated States of Micronesia is not currently eligible for this federal program.				
Minnesota	FY94-96	Substantial delay in one or more of the following developmental areas with the following criteria: *Cognitive*: total score of 1.5 SD below the mean *Communication*: 2.0 SD below the mean *Physical Development*: Motor: 2.0 SD below mean for children birth-18 months Physically Impaired: 1.0 SD below mean Hearing: medical documentation and informed clinical opinion Vision: medical documentation and informed clinical opinion *Social or Emotional*: informed clinical opinion *Adaptive Development*: informed clinical opinion *Noncategorical criteria*: delay in overall development demonstrated by a composite score of 1.5 SD below the mean	NO	State adopted the early childhood special education eligibility criteria as eligibility definition under Part H.
Mississippi	FY94-96	1.5 SD or 25% delay in one or more areas; informed clinical opinion	NO	Will track and refer at-risk children.
Missouri	FY97	50% delay in one area or atypical development; professional judgment	NO	Extensive list of established conditions.
Montana	FY96-98	50% delay in one area or 25% delay in two areas; informed clinical opinion	NO	Lists professionals qualified to assess each developmental area. Children at-risk are served under the state-funded Family and Education Support discretionary program.

1. Information for this table was obtained from each state's or jurisdiction's Part H application; the fiscal year (FY) of the application is noted here.
2. "Areas" refers to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive — that are cited in the law.

State	Source[1]	Level of Developmental Delay Required for Eligibility[2]	Serving At-Risk	Comments
Nebraska	FY94-96	1. ***"Cognitive"*** *Mental Handicap* — 2.0 SD deficit in intellectual functioning with 1.3 SD deficit in adaptive behavior, or 2.0 SD deficit in adaptive behavior with 1.3 SD deficit in intellectual functioning; or medical condition or syndrome which can be expected to produce such delay later. 2. ***"Communication"*** Significant difficulty in one or more of the following areas: *Language* — 2.0 SD below mean on comprehensive language test; *Articulation* — Significantly disordered speech production; *Voice* — Chronic voice deviance; and *Fluency* — Disfluence with adverse affect on development or educational performance. 3. ***"Adaptive"*** *Autism* — Severe developmental and educational problems exhibited in atypical behavior. 4. ***"Physical"*** (including vision and hearing) *Visual Impairment* — Verified in one of three categories: blind, legally blind, or partially sighted *Hearing Impairments* — Documentation by audiologist of hearing loss that has or can be expected to result in significant delays, i.e., 1.3 SD below the mean in one or more areas: receptive/expressive language, speech production or cognition, or social/behavior disability. *Deaf Blindness* — Meets verification criteria for both hearing and visual impairments. ***Continued***	NO	State adopted the early childhood special education eligibility criteria as eligibility definition under Part H.

1. Information for this table was obtained from each state's or jurisdiction's Part H application; the fiscal year (FY) of the application is noted here.
2. "Areas" refers to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive — that are cited in the law.

State	Source[1]	Level of Developmental Delay Required for Eligibility[2]	Serving At-Risk	Comments
Nebraska, *cont'd*		4. *"Physical," cont'd* *Orthopedic Impairments* — Physician documentation of muscular or neuromotor impairment or skeletal deformity that limits ability to: move about, maintain postures, manipulate materials required for learning, or perform activities of daily living. 5. *"Social or Emotional"* *Autism* — As described above *Behavior Disorder* — Situationally appropriate behavior deviates substantially from age group with frequency, intensity, and duration; demonstrates deficit of 1.3 SD in one or more of the following areas: intellectual functioning, communication, or at least one component of adaptive behavior. 6. *"Other"* *Multiple Impairments* — Mental handicap and one or more additional disabilities. *Traumatic Brain Injury* — Medical documentaion and evidence of impaired functioning in one or more areas: cognition, sensory, motor, or behavior. *Other Health Impairment* — Physician report; limited strength, vitality, or alertness due to a chronic or acute health impairment that adversely affects development or educational performance.		
Nevada	FY96	50% delay in one or more areas adjusted for gestational age less than 36 weeks	NO	
New Hampshire	FY96-98	Atypical behaviors documented by qualified personnel and the family; or 25% delay in one or more areas	YES	At risk means chid is experiencing five or more conditions, events, or circumstances affecting the child or parent. List included.
New Jersey	FY95-97	33% delay in one area; 25% delay in two or more areas based on corrected age for infants born before 38 weeks gestation and applying until age 24 months	NO	

1. Information for this table was obtained from each state's or jurisdiction's Part H application; the fiscal year (FY) of the application is noted here.
2. "Areas" refers to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive — that are cited in the law.

State	Source[1]	Level of Developmental Delay Required for Eligibility[2]	Serving At-Risk	Comments
New Mexico	FY94-97	25% delay in one area or score that indicates significant delay as defined by that instrument; for less than 12 months of age, clinical judgment only can be used to determine eligibility	YES	Biological/medical and environmental at-risk.
New York	FY96-99	1) 12 month delay in one area, or 2) 33% delay in one area or 25% delay in two areas, or 3) 2 SD in one area or 1.5 SD in two areas, or 4) informed clinical opinion by MDT	NO	
North Carolina	FY96-98	1.5 SD in one area or 20% delay in months for birth to 36 months; atypical development	YES (Biological and Environmental)	At-risk called High Risk Potential and requires three risk indicators. Atypical development defined, including "substantiated physical, sexual abuse, and other environmental situations that raise significant concern regarding a child's emotional well-being."
North Dakota	FY95	50% delay in one area; 25% delay in two or more areas; informed clinical opinion.	NO	
Northern Marianas — Part H grant award to this jurisdiction is made through a consolidated grant under Chapter 2 of the Education Consolidation and Improvement Act of 1981.				
Ohio	FY95-97	Child has not reached developmental milestones for chronological age in one or more areas — a "measurable delay" (at least two standardized tools or measures); or informed clinical opinion	NO	List of established, biological, and environmental risk factors. Children at risk served through Ohio Early Start, an initiative of Ohio Family and Children First.
Oklahoma	FY97	50% delay in one area; 25% delay in two or more areas	NO	List of established conditions; child is eligible if condition appears on list; if condition is not on list, child is evaluated for developmental delay; if child does not exhibit delay consistent with eligibility criteria, decision is referred to state-level medical review committee.
Oregon	FY96-98	2 SD in one area; 1.5 SD in two or more areas.	NO	
Palau — Part H grant award to this jurisdiction is made through a consolidated grant under Chapter 2 of the Education Consolidation and Improvement Act of 1981.				

1. Information for this table was obtained from each state's or jurisdiction's Part H application; the fiscal year (FY) of the application is noted here.
2. "Areas" refers to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive — that are cited in the law.

State	Source[1]	Level of Developmental Delay Required for Eligibility[2]	Serving At-Risk	Comments
Pennsylvania	FY95-97	25% delay or 1.5 SD in one area; informed clinical opinion	NO	Children at risk are eligible for tracking and periodic screening. Defines at risk.
Puerto Rico	FY96-98	Quantitative and qualitative criteria listed for each area. *Growth development deviations*: percentiles specified *Motor skills*: 2.0 SD or 33% delay; 1.5 SD or 25% delay with other delays *Visual and hearing impairment*: clinical judgment *Cognitive*: 2.0 SD or 33% delay; 1.5 SD or 25% delay with other delays; developmental index between 1-2.0 SD plus consistent delays in other areas; informed clinical opinion based on atypical development or observed behaviors *Communication*: 2.0 SD or 33% delay; 1.5 SD or 25% delay with other delays; informed clinical opinion *Social-Emotional*: informed clinical opinion *Adaptive*: informed clinical opinion	NO	Tracking children at risk and periodic follow-up at at-risk-clinics; mostly medical (biological) risk factors.
Rhode Island	FY96-98	25% delay and/or 2.0 SD in one or more areas; 1.5 SD in two areas; or clinical opinion — significant and observable atypical behaviors	NO	Describes single and multiple established conditions. Single conditions involve diagnoses which are known to result in developmental delay. Multiple established conditions include all diagnoses, events, and circumstances which, in combination, are known to result in developmental delay. Definition does not include children who are at risk. List of child- and parent-centered conditions. Four or more positive findings are considered sufficient for eligibility.
South Carolina	FY97-99	2.0 SD or 30% delay in one area; 1.5 SD or 22% delay in two areas; informed clinical opinion; correction for prematurity for infants born at less than 38 weeks gestation made until age 2 years	NO	Table of established conditions with diagnostic criteria for eligibility.

1. Information for this table was obtained from each state's or jurisdiction's Part H application; the fiscal year (FY) of the application is noted here.
2. "Areas" refers to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive — that are cited in the law.

State	Source[1]	Level of Developmental Delay Required for Eligibility[2]	Serving At-Risk	Comments
South Dakota	FY96-98	25% below normal age range or 6-month delay, or demonstrating at least a 1.5 SD delay in one or more areas	NO	.
Tennessee	FY95-97	25% delay in two or more areas; 40% delay in one area; informed clinical opinion	NO	List of established conditions.
Texas	FY96-99	Delay in one or more areas, specific level of delay determined by test performance; ages 2 months or less, documented atypical behaviors; ages 2-12 months, delay of 2 months in one area; 13-24 months, delay of 3 months in one area; 25-36 months, delay of 4 months in one area; atypical development	NO	Adjustment for prematurity up to 12 months; may not adjust for more than 2 months prematurity; criteria for atypical development included.
Utah	FY95-97	More than 2.0 SD or below 2nd percentile in one area; more than 1.5 SD or below 7th percentile in two areas; more than 1.0 SD or below 16th percentile in three areas; clinical opinion	NO	Tracking and monitoring at-risk.
Vermont	FY97-99	Clearly observable and measurable delay in one or more areas at the level that child's future success in home, school, or community cannot be assured without provision of early intervention services; clinical judgment including family input	NO	List of conditions at high probability for developmental delay. Exit criteria listed.
Virgin Islands — Part H grant award to this jurisdiction is made through a consolidated grant under Chapter 2 of the Education Consolidation and Improvement Act of 1981.				
Virginia	FY97	25% delay in one area or atypical development	NO	Tracking system for infants at high risk is in place in four regional perinatal centers and health districts; evaluating for possible statewide expansion. Atypical development defined. List of established conditions.
Washington	FY94-96	1.5 SD or 25% delay in one area; informed clinical opinion by MDT	NO	Provides family resources coordination (FRC) for all families referred from the time a concern is identified through completion of evaluation/assessments If this child is determined not to be eligible, FRC services are no longer continued..

---

1. Information for this table was obtained from each state's or jurisdiction's Part H application; the fiscal year (FY) of the application is noted here.
2. "Areas" refers to the five developmental areas — physical, communication, cognitive, social or emotional, and adaptive — that are cited in the law.

State	Source[1]	Level of Developmental Delay Required for Eligibility[2]	Serving At-Risk	Comments
West Virginia	FY96-99	A developmental delay or atypical development in one or more areas, determined by a MDT including the family, and supported by observation, measurement, and/or clinical judgment.	YES (Biological and Environmental)	List of established conditions; at-risk category requries at least four risk factors; list of risk factors included; tracking system for children who have not met eligibility criteria, or if families desire follow-up screening, or if families choose not to participate but desire follow-up information.
Wisconsin	FY95	25% delay or 1.3 SD in one area; or clinical opinion — MDT decision; or atypical development	NO	Atypical development defined. List of established conditions, including "addiction at birth." Will continue to seek funding to study and identify the needs and resources required to serve the at-risk population.
Wyoming	FY95-97	1.5 SD or 25% delay in one or more areas; clinical opinion	NO	

[1] Information for this table was obtained from each state's or jurisdiction's Part H application; the fiscal year (FY) of the application is noted here.

[2] "Areas" refers to the five developmental areas cited in the law: physical, communication, cognitive, social or emotional, and adaptive.

NEC*TAS Notes is produced and distributed by the National Early Childhood Technical Assistance System (NEC*TAS), pursuant to cooperative agreement number H024A60001 with the Office of Special Education Programs, U. S. Department of Education. Grantees undertaking projects under government sponsorship are encouraged to express their judgment in professional and technical matters. Opinions expressed do not necessarily represent the Department of Education's position or policy.

Additional copies of this document are available from NEC*TAS at cost. A list of currently available NEC*TAS publications can be viewed at our site on the World Wide Web or requested from the coordinating office. NEC*TAS is committed to making the information it disseminates fully accessible to all individuals. To acquire this publication in an alternate format, please contact the Publications Coordinator at the coordinating office.

NEC*TAS is a collaborative system, consisting of the coordinating office in Chapel Hill, North Carolina, with the Federation for Children with Special Needs, Georgetown University Child Development Center, Hawai'i University Affiliated Program at the University of Hawai'i at Manoa, National Association of State Directors of Special Education, and ZERO TO THREE: National Center for Infants, Toddlers and Families. The coordinating office, a program of the Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill, can be contacted at:

500 NationsBank Plaza
137 East Franklin Street
Chapel Hill, NC 27514
(919) 962-2001 (voice); (919) 966-4041 (TDD)
Fax: (919) 966-7463; E-mail: nectas@unc.edu
World Wide Web: http://www.nectas.unc.edu/.

Principal Investigator: Pascal Trohanis
OSEP Project Officer: Peggy Cvach
Managing Editor: Nancy Guadagno

CELEBRATING 10 YEARS OF CONNECTING PEOPLE & KNOWLEDGE
NECTAS
National Early Childhood Technical Assistance System
500 NationsBank Plaza ◆ 137 East Franklin Street
Chapel Hill, NC 27514-3628
(919) 962-2001 (voice) ◆ (919) 962-8300 (TDD)
(919) 966-7463 (fax)
E-mail: nectas@unc.edu
URL: http://www.nectas.unc.edu/

BEST COPY AVAILABLE

U.S. Department of Education
Office of Educational Research and Improvement (OERI)
National Library of Education (NLE)
Educational Resources Information Center (ERIC)

ERIC®

NOTICE

Reproduction Basis

☐ This document is covered by a signed "Reproduction Release (Blanket)" form (on file within the ERIC system), encompassing all or classes of documents from its source organization and, therefore, does not require a "Specific Document" Release form.

☑ This document is Federally-funded, or carries its own permission to reproduce, or is otherwise in the public domain and, therefore, may be reproduced by ERIC without a signed Reproduction Release form (either "Specific Document" or "Blanket").

EFF-089 (3/2000)